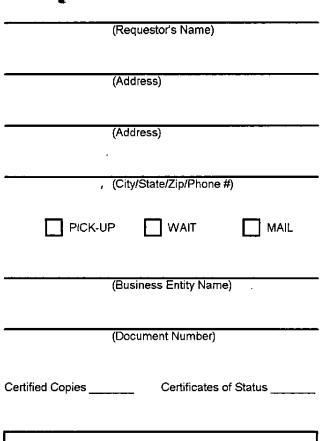
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Special Instructions to Filing Officer:

L. SELLERS

AUG 1 5 2011

**EXAMINER** 

Office Use Only



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SERVINARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CODE PRO INTERNATION	IAL LLC.
Name of Limited Liabil	
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
ERIC J. WOODS	
Name of	Person
CODE PRO INTERNATIONAL	
Firm/Co	mpany
4721 NW 114TH DRIVE	
Add	ress
CORAL SPRINGS, FLORIDA 330	76
City/State ar	d Zip Code
CODEPRO@EJWOODS.COM	
E-mail address: (to be used for future	annuai report nonneauon)
For further information concerning this matter, please call:	
ERIC J. WOODS	54 288 - 0516
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	5.00 Filing Fee & S160.00 Filing Fee, tified Copy itional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# CODE PRO INTERNATIONAL LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

### **Principal Office Address:**

Mailing Address:

4721 NW 114TH DRIVE

CORAL SPRINGS, FLORIDA 33076

4721 NW 114TH DRIVE CORAL SPRINGS, FLORIDA 33076

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**ERIC J. WOODS** 

Name

# **4721 NW 114TH DRIVE**

Florida street address (P.O. Box NOT acceptable)

**CORAL SPRINGS** 

<sub>FL</sub> 33076

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"NAL VE" == NASNSOOF	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	ERIC J. WOODS
	4721 NW 114TH DRIVE
	CORAL SPRINGS, FLORIDA 33076
"MGR"	FRANCINE D. WOODS
	4721 NW 114TH DRIVE
	CORAL SPRINGS, FLORIDA 33076
	·
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: (OPTIONAl be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must	
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of a memory of a many of a many false inforcement of a many false	be specific and cannot be more than five business days ber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of a memory of the constitutes an affirmation undigenerate that any false information and the constitutes are affirmation undigenerated.	be specific and cannot be more than five business days ber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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THINE FCCS.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)