U11000139455

(Requestor's Name)	_
(Address)	
(Address)	,
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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SECRETARY OF STATE
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T. CLINE
DEC 12 2011
EXAMNER



November 15, 2011

ALEXIS GIRALDO 311 NW 82 AVE. #1212 MIAMI, FL 33126

SUBJECT: PROSEGIND CORPORATION, "L.L.C."

Ref. Number: W11000057909

We have received your document for PROSEGIND CORPORATION, "L.L.C." and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 211A00025880

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PROSEGIND	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
ALEXIS GIRALDO	
Name of Person	
Firm/Company	
311 NW 82 AV. #1212	
Address	
MIAMI / FLORIDA / 33126	(دون
City/State and Zip Code	ų,
alexis.1871@hotmail.com E-mail address: (to be used for future annual report notification)	The Case
	į.
ERIKA SARRIA	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
"PROSEGIND,"LLC." (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
311 NW 82 AV. #1212	311 NW 82 AV. #1212
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results ALEXIS GIRALDO	ered Agent. You must designate an individual or another
Name	
311 NW 82 AV.	#1212
	ress (P.O. Box NOT acceptable)
MIAMI	_{FL} 33126
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
- Las lo	Ma
Registered Agent's Signatu (CONTINU	
Page 1 of 2	The second of th

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
"MGR"	ALEXIS GIRALDO
"MGRM"	ERIKA SARRIA
· · · · · · · · · · · · · · · · · · ·	the date of filing: 12/06/2011 (OPTIONAL)
CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days
CLE V: Effective date, if other than ffective date is listed, the date mut) days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false in	ember of an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State relony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than ffective date is listed, the date mut days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false is constitutes a third degree from the section constitutes a third degree from the section constitutes a third degree from the section constitutes at the section const	ember of an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) RALDO Typed or printed name of signee
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