

L 11000/45280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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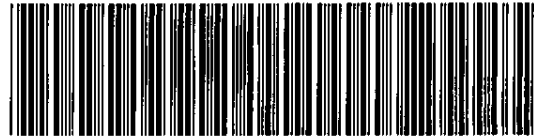
Special Instructions to Filing Officer:

**A. LUNT**

DEC 29 2011

**EXAMINER**

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TALLAHASSEE, FLORIDA

12/23/11

TO: Div. of Corporations:

FROM: JOHN A. PRUNESEKI (President & Owner)  
CPS MARKETING GROUP, LVA.

In July of '09 the CPS Corporation was dissolved.  
However it had the "fictitious" name of Metal Knite  
Products.

This fictitious name expired on Dec. 31, 2011.

Therefore I wish to make Metal Knite Products  
an L.L.C. company ~~beginning~~ beginning 1/1/12

My application is enclosed along with my  
fee of \$130.<sup>00</sup>.

Thank you,  
John A. Pruneseki

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: METAL BRITE PRODUCTS, L.L.C  
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:

JOHN A. PRUNESKI  
Name of Person

METAL BRITE PRODUCTS, L.L.C.  
Firm/Company

3880 PINSTAR TERRACE  
Address

NORTH PORT, FL 34287  
City/State and Zip Code

cleanmetal@comcast.net  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JOHN A. PRUNESKI at (941) 257-8609  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional 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:

METAL BRITE PRODUCTS, L.L.C.  
(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:

3880 PINSTAR TERRACE  
NORTH PORT  
FLORIDA 34287

### Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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:

JOHN A. PRUNSKI  
Name

3880 PINSTAR TERRACE  
Florida street address (P.O. Box **NOT** acceptable)  
NORTH PORT FL 34287  
City, State, and Zip

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*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..*

John A. Prunski  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

BONITA J. GOLDMAN  
3880 PINSTAR TERACE  
NORTH PORT, FL 34287

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-1-12. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Bonita J. Goldman  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BONITA J. GOLDMAN  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)