

L12000011952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

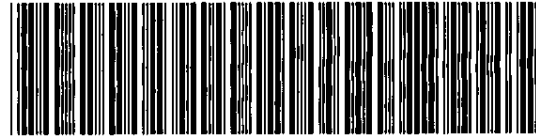
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTIONS PER CONVERSATION
WITH KAREN VALLARIO 1-25-2012
KS

Office Use Only



600216545246

EFFECTIVE DATE
1-20-2012

01/24/12--01004--017 **160.00

FILED

12 JAN 24 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN 25 2012

FF \$125
CC 35

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **911 CPR PRO**

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:

Karen Vallario

Name of Person

911 CPR PRO

Firm/Company

Post Office Box 1415

Address

Archer, FL 32618

City/State and Zip Code

911CPRPRO@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Vallario

Name of Person

at (352) 262-1122

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

(800) 245-6051

IRS - (800) 829-4933

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

911 CPR PRO, LLC

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

EFFECTIVE DATE
1-20-2012

ARTICLE II - Address:

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

Principal Office Address:

9721 S.W. 72ND AVE.
GAINESVILLE, FL 32608

Mailing Address:

Post Office Box 1415
Archer, FL 32618

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:

Karen Vallario

Name

9721 S.W. 72nd Ave

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

Gainesville FL 32608

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Karen Vallario

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:

MGRM

Karen Vallario

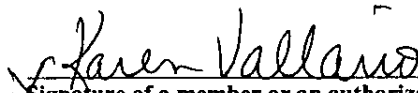
Post Office Box 1415

Archer, FL 32618

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/2012. (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:



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.)

Karen Vallario

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)