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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 27 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROATRANSFERS LLC
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:

MAXIMILIANO PROANO
Name of Person

PROATRANSFERS
Firm/Company

8346 NW 66TH ST #4630
Address

MIAMI, FL 33166-2626
City/State and Zip Code

maximilianop10@hotmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

HP
For further information concerning this matter, please call:

Thomas E. Skilton, Esq. at (202) 293-3543
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:

PROATRANSFERS 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:8346 NW 66TH ST #4630MIAMI, FL 33166-2626Mailing Address:8346 NW 66TH ST #4630MIAMI, FL 33166-2626**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:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box NOT acceptable)TallahasseeFL 32301

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.

Corporation Service Company

By: Kelli Shortte

Registered Agent's Signature (REQUIRED)

By: Kelli Shortte, Assistant Secretary

(CONTINUED)

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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

MAXIMILIANO PROANO

8346 NW 66TH ST #4630

MIAMI FL 33166-2626

MGRM

CHRISTIAN PROANO

8346 NW 66TH ST #4630

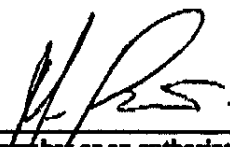
MIAMI FL 33166-2626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A. (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.)

MAXIMILIANO PROANO

Typed or printed name of signer

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)

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