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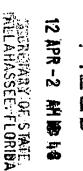
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	· ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE

APR 0 3 2012

EXAMINER

COVER LETTER

TO: Registration of	on Section Corporations						
_{SUBJECT:} Flor	ida Flood Pros, LL	С					
	Name of Limit	ted Liability Comp	any				
The enclosed Article	es of Organization and fee(s) are	submitted for filin	g.				
Please return all corr	espondence concerning this mat	ter to the following	g:				
Mark J.	Leeds						
•		Name of Person					
		Firm/Company	•		. ,		
633 So	uth Federal Highwa	y, 8th Floor	ſ				
	··	Address					
Fort Lauc	derdale, FL 33301					2	e://tog
. 011 233		ty/State and Zip Cod	e		***	APR.	
mark@m	jlpa.com				YRY SSE	2	1
	E-mail address: (to be used	for future annual rep	ort notification)			**	াল
For further informati	on concerning this matter, pleas	e call:			S IA	₩ —	
Mark J. Leeds		at (954	, 683-0355		D.H	Ö	
Na	me of Person	Area Code	e & Daytime Tele	phone Number			
Enclosed is a check	c for the following amount:						
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	ру	\$160.00 Fill Certificate Certified C (additional co	of Status opy	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address tion Section of Corporations Building ecutive Center C see, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is:

The name of the Limited Liability Company is:
Florida Flood Pros, 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 Liabilit

ARTICLE I - Name:

Principal Office Address:	<u>Maining Address:</u>	
13495 Little Gem Circle	13495 Little Gem Circle	
Fort Myers, FL 33913	Fort Myers, FL 33913	_
71.00		

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 for another business entity with an active Florida registration.)

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

Steven Glozik

Name

13495 Little Gem Circle

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

Fort Myers

FL 33913

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)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGKWI — Managing Member	I
MGRM	Mark J. Leeds
	633 South Federal Highway, 8th Floor
	Fort Lauderdale, FL 33301
MGRM	Charles Classile
IVIGITIVI	Steven Glozik
	13495 Little Gem Circle
	Fort Myers, FL 33913
•	
ffective date is listed, the date n	an the date of filing: (OPTIO) nust be specific and cannot be more than five business of
LE V: Effective date, if other th	
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	iust be specific and cannot be more than five business of
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false	iust be specific and cannot be more than five business of
LE V: Effective date, if other the ffective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation I am aware that any false.	member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this in under the penalties of perjury that the facts stated herein are the information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)