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PICK-UP	☐ WAIT	MAIL
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DEPARTMENT OF SHATE OF THE SHAT

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Professional C	Outdoor Services, LLC d Liability Company
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	r to the following:
Joshua Perzy	r to the following: Name of Person Services, LLC
Professional Outdoor	r Services, LLC 5
2481 Arvah Board	Address
	2309 State and Zip Code
E-mall address: Ito be used for	Cast. Net r future annual report notification)
For further information concerning this matter, please	call:
Joshua Percy Name of Person	at (<u>850</u>) <u>656-0051</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \tag{Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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:
Professional Outdoor Services 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: Mailing Address:
2481 Arush Branch Blud 2481 Arush Branch Blud Talkhassee FL 32309 Talkhassee FL 32309
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:
Name
2481 Arvah Branch Blwd. Florida street address (P.O. Box NOT acceptable)
Talkhassee FL 32309 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	Joshus Perry 2481 Arch Brench Blud Tellahossee FL 32309
	,
EV: Effective date, if other than the ective date is listed, the date must b	e date of filing: (OPTIO
E V: Effective date, if other than the ective date is listed, the date must b lays after the date of filing.)	e date of filing: (OPTIO
E V: Effective date, if other than the ective date is listed, the date must b lays after the date of filing.)	e date of filing: (OPTIO
E V: Effective date, if other than the ective date is listed, the date must b lays after the date of filing.)	e specific and cannot be more than five business
ective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a membe	e specific and cannot be more than five business
EV: Effective date, if other than the ective date is listed, the date must be lays after the date of filing.) EEQUIRED SIGNATURE: Signature of a member of a management of a	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
EV: Effective date, if other than the ective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a management of a	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State