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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration S Division of Co		• .	
SUBJECT: Prose	t Display L.L.C.		
		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Jerry M. I	3autel		
		Name of Person	
Proset Di	splay L.L.C.		
		Firm/Company	
461 E. Fa	lconry Ct.		
	•	Address	
Hernando,			
		ty/State and Zip Code	
jbautel@pro	setdisplay.com  E-mail address: (to be used	for future annual report notification)	
For further information of	concerning this matter, pleas	•	
Jerry Bautel		at (352 513-4279	
Name o	of Person	Area Code & Daytime Telepl	hone Number
Enclosed is a check fo	r 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 Cir	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Proset Display LLC.		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Co	ompany is
Principal Office Address:	Mailing Address:	
461 E Falconry ct. Hernando, FL 34442	461 E Falconry ct. Hernando, FL 34442	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	
Derry P (Name	)stuse	
HOI E. Falco Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	
Hernando/City, St	FL 34442 ate, and Zip	
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regions.	this certificate, I hereby accept the appoint by. I further agree to comply with the provi- erformance of my duties, and I am familiar	ment as sions of a with and
Registered Agent's Signat		SECRETARY OF COR
(CONTIN	UED)	A A A A A A A A A A A A A A A A A A A

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jerry M. Bautel 461 E Falconry ct. Hernando, FL 34442
(Use attachment if necessary)	
	the date of filing: July 1,2012 (OPTIONAL) be specific and cannot be more than five business days processes.
REQUIRED SIGNATURE:	

(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.)

Jerry M. Bautel

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)