## L12000093832

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	$\wedge$
		JW

Office Use Only



500237425345

07/20/12--01001--007 \*\*125.00

SECRETARY OF STATE ALL SIGNESSEE, FLORIDA

SECRETARY OF STATE ALLAHASSEE, FI ORIO

J. SAULSBERRY EXAMINER

JUL 19 2012

## **COVER LETTER**

Registration Section

TO:

Division of Corpo	orations				
SUBJECT: PROXIRE	Solve ELECTR Name of Limite	C SERVICE LLC d Liability Company			
The enclosed Articles of O	rganization and fee(s) are s	submitted for filing.			
Please return all correspon	dence concerning this matte	er to the following:			
Thomas (	1. Chapman	Name of Person		_	
PROGR	Essive Elec	OTRIC SERVIC	۲		
1331 1	Uzoth St	Address	· · · · · · · · · · · · · · · · · · ·	- 2	
Jacsoni	ville FCA City	32209 State and Zip Code	LAHAS	)) ZJUL 19	ग
			SEE.		
	·	or future annual report notification)	FLO	) HW	("")
For further information cor			RID.	<b>փ։</b> շլ	A. Carallians,
Tho Mas (h	a PMAN	at ( 90 4) 355 Area Code & Daytime Telep	okone Number	•	
Enclosed is a check for t	the following amount:	_			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclos		
	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 C Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
PROGRESSIVE ELECTRIC SERVI  (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1331 w20th St	1331 W20th St
Jacksonville	red Agent. You must designate an individual or another

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 Agnature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM	Thoms Charm 1331 W20th St Jacksonville FLA
	SECRETARY TALL AND SEE
	AN 4: 24 E. FLORIDA
(Use attachment if necessary)	1
CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	the specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree foloronstitutes and the first degree foloronstitutes are degree foloronstitutes and the first degree foloronstitutes and th	be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memb  (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree foloronstitutes and the first degree foloronstitutes are degree foloronstitutes and the first degree foloronstitutes and th	be specific and cannot be more than five business days  Chiffen   Der or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.