

L13000046312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

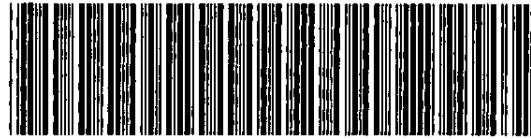
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 27 PM 3:58

MAR 28 2013
T. HAMPTON

113-15421

(850) 245-6031.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professionally Manned Resource LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

David Riddle

Name of Person

Professionally Manned Resource LLC

Firm/Company

412 Boykins Ln.

Address

Baldwin FL 32234

City/State and Zip Code

riddle@wildblue.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Riddle

Name of Person

at (904) 554-2590

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Registration Section
Division of Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations

2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 MAR 27 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 15, 2013

DAID RIDDLE
412 BOYKINS LN
BALDWIN, FL 32234

SUBJECT: PROFESSIONALLY MANED RESOURCE LLC
Ref. Number: W13000015471

We have received your document for PROFESSIONALLY MANED RESOURCE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00006213

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professionally Maned Resource 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:

412 Boykins Ln.

Baldwin FL 32234

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.)

David Riddle

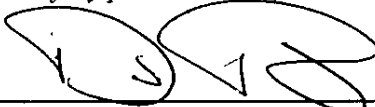
412 Boykins Ln

Baldwin

FL 32234

Having been named as registered agent and to accept service of process for the above stated limited

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)

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:

MGR _____

David Riddle

412 Boykins Ln.

Baldwin FL 32234

MGR _____

John Coffee

412 Boykins Ln.

Baldwin FL 32234

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

David Riddle

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)