L13000160524

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	·
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

Office Use Only



000253651230

13 NOV 14 ##10: 46

13 MOV IL AM 9: 46
SECRETARY OF STATE

NOV 1 5 2013

T. BROWN



ACCOUNT NO. : I2000000195
REFERÊNCE : 884212 4380270
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE: November 13, 2013
ORDER TIME : 9:09 AM
ORDER NO. : 884212-005
CUSTOMER NO: 4380270
DOMESTIC FILING
NAME: PRINCIPATUS MANAGEMENT AND ENGINEERING SERVICES, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: SUSIE KNIGHT - EXT. 52062
FYAMINER'S INTTIALS.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
PRINCIPATUS MANAGEMENT AND ENGINEERING SERVICES, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

SHOW IN THE STATE The mailing address and street address of the principal office of the Limited Liability Company is:

James W. Dunn	
	Name
928 Spruce Avenue	
Florida	street address (P.O. Box NOT acceptable
Marco Island	_{FL} 34145
	City, State, and Zip

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

Having been named us 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)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James W. Qunn
	928 Spruce Avenue
	Marco Island, Florida 34145
LE V: Effective date, if other than t	he date of filing: (OPTION
Tective date is listed, the date mu or 90 days after the date of filing.)	ist be specific and cannot be more than five busing
LE V: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.)	ist be specific and cannot be more than five busing
LE V: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.)	ist be specific and cannot be more than five busing
E V: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.) EQUIRED SIGNATURE:	ist be specific and cannot be more than five busing
EV: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.) EOUTED SIGNATURE: Signature of a memical and affirmation and I am aware that any false info	ist be specific and cannot be more than five busing
EV: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.) EFOURED SIGNATURE: Signature of a member of a	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) 15. W. Dunn
EV: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.) EFOURED SIGNATURE: Signature of a member of a	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)

Page 2 of 2

COVER LETTER

TO:	Registration Division of C						
SURU		PATUS MANAGEMENT A	ND ENGINEERING SERVICES,	LLC			
30001	SUBJECT:Name of Limited Liability Company						
The en-	closed Articles	of Organization and fee(s) are	submitted for filing.				
Please	return all corres	pondence concerning this ma	tter to the following:				
	Maria D. Kare	elas, Esq.					
,		*****	Name of Person				
	Newman & Ne	ewman, P.C.					
•	, , , , , , , , , , , , , , , , , , , 		Firm/Company				
	460 Park Ave	nue, 21st Floor					
•			Address				
	New York, Ne	w York 10022					
-		Cí	ty/State and Zip Code				
	mdk@newmar	·					
_	•	E-mail address: (to be used	for future annual report notification)				
For furt	her information	concerning this matter, please	call:				
	Maria D. Name	Karelas of Person	at (212) 371-9400 Area Code & Daytime Telep	hone Number			
Enclose	ed is a check f	or the following amount:					
⊠\$125.0	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 Ci Tallahassee, FL 32301	rcle			