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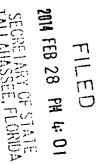
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## **COVER LETTER**

O: Registration Section Division of Corporations
SUBJECT: The Pro Experience, LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laine Selwin Name of Person
The Pro Experience
8585 NW 49th dRIVE.
Coral Springs 7L 33067  Lainster 420 ADL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laire Sluyn at (954) 850-3551  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\\$125.00\] Filing Fee \text{S130.00} Filing Fee \text{Filing Fee \text{Certified Copy} (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status \text{\text{Certified Copy} (additional copy is enclosed)}}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
The Pro Experience, 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:		
Laine Selwyn  8585 NW 494 dr  Coral prings +1 33067  Coral prings +1 33067  Coral prings +1 33067		
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:  Laine Selly  Name  8585 NW 49th dR.  Florida street address (P.O. Box NOT acceptable)  Coral Springs FL 33047  City Zip  Having been named as registered agent and to accept service of process for the above stated limited liability company.	2014 FEB 28 PH 4: 01	FILED
the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S	this nance	:
Registered Agent's Signature (REQUIRED)		
(CONTINUED)		

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Laine Selvium	
INCOR "	8585 NW 494 dR	
WAAAAA	Coral Springs +1 330	<del>67</del> _
MGR"	Bransheedah Elohim 13750 Oneida deive	N 1
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