L14000104608

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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06/30/14--01015--028 **155.00

Effective Date 6/26/14

JUL = 1 2014

T. HAMPTON

COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT:	PRABUTY Name of Li	EQUIPMENT mited Liability Company	<u>uc</u>
The enclosed Article	es of Organization and fee(s) a	are submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following:	
 	Andrz	es B. Wisnice Name of Person	ewski
		Firm/Company	
	117 6	SORNTO LAKE Address	Ru
		DON PL 33511	
	1 1	City/State and Zip Code O RO (OM) ed for future annual report notifica	tion)
For further informat	tion concerning this matter, ple	ease call:	
Andrze	MASNICUSKI at (S13 610-75 Area Code Daytime Tel	enhone Number
Enclosed is a check	for the following amount:	<i>(</i>	•
3 \$125.00 Filing Fee	☐\$130:00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, 'Certificate of Status & Certified Copy (additional copy is enclosed)
N.	failing Address	Street/Courier Addı	race

Mailing Address
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

Effective Date 4/26/19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
PRABUTY EQUIPME	ENT 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	e Limited Liability Company i	s:		
Principal Office Address: Mailin	ng Address:			
BRANDON PL 33510	ane		- - -	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		ın indivi	idual oi	r
Florida street address (P.O. Box NOT accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent and to accept service of processing to the street agent agent and to accept service of processing to the street agent agent and to accept service of processing to the street agent ag	wski Rd Teptable) Zip Tocess for the above stated limit			
the place designated in this certificate, I hereby accept the appoint capacity. I further agree to comply with the provisions of all status of my duties, and I am familiar with and accept the obligations of Chapter 605, F.	intment as registered agent and outes relating to the proper and of my position as registered age S	d agree i complete	to act ii e perfor	n this rmance
(CONTINUED) Page 1 of 2		SECRETAI	14 JUN 31	Enancy, antiquesan

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager M A	ANDRZEJ B. Wisniewski
719	114 GORAHO Lake Rd
1 h1 2 2	Brandon Pl 33510
MIBR	Skylor Collins
, and the second	27048 Gloede St.
	warren, MI 48088
	
	
(Use attachment if necessary)	•
EV: Effective date, if other than the date	of filing: 6-26-2014 (OPTIONAL)
ctive date is listed, the date must be spe f filing.)	of filing: <u>V'AO' WII</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days af
ective date is listed, the date must be spend filing.) E VI: Other provisions, if any.	of filing:
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