

L140001690X

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

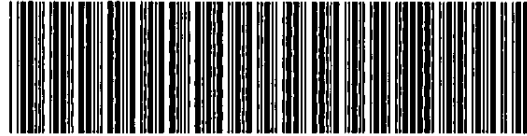
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 2014

2344



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2014

JOHN IMBRES
10792 EL PARAISO PL
DELRAY BEACH, FL 33446

SUBJECT: PROJECT CONTROLS LLC
Ref. Number: W14000056808

We have received your document for PROJECT CONTROLS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00019873

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Project Controls, 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:

John S. Imbres, Sr.

Name of Person

Project Controls, Inc.

Firm/Company

10792 El Paraiso Place

Address

Delray Beach, Florida 33446

City/State and Zip Code

ProjectControls@icloud.com

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

For further information concerning this matter, please call:

John S Imbres

Name of Person

at (561) 702-0981

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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 Circle
Tallahassee, FL 32301

Project Controls, Inc.
10792 El Paraiso Place
Delray Beach, Florida 33446
ProjectControls@icloud.com
561.637.8000

October 2, 2014

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: PROJECT CONTROLS, LLC
Ref. Number: W14000056808

Attention: Justin M Shivers

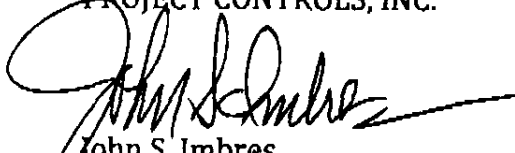
We have received your letter number 714A00019873 (enclosed), and attached "Articles Of Organization For Florida Limited Liability Company, filed by John S Imbres as manager of PROJECT CONTROLS, LLC.

I am the president of Project Controls, Inc., and therefore give full authorization for the use of the name PROJECT CONTROLS, LLC.

If you have any questions whatsoever, please call 561.702.0981.

Sincerely,

PROJECT CONTROLS, INC.


John S. Imbres
President

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Project Controls, 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:

10792 El Paraiso Place
Delray Beach, Florida 33446

10792 El Paraiso Place
Delray Beach, Florida 33446

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:

John S. Imbres

Name

10792 El Paraiso Place

Florida street address (P.O. Box NOT acceptable)

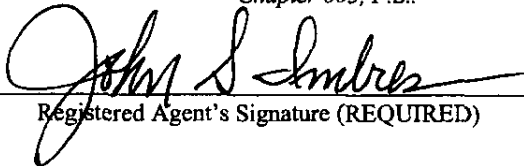
Delray Beach

City

FL 33446

Zip

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

John S. Imbres, Sr.

10792 El Paraiso Place

Delray Beach, Florida 33446

AMBR

Matthew C. Imbres

10792 El Paraiso Place

Delray Beach, Florida 33446

(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.)

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

John S. Imbres

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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