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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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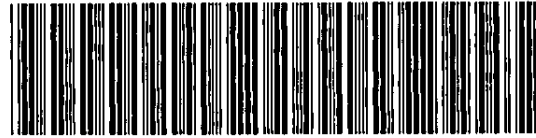
(Business Entity Name)

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15 JAN 14 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JAN 14 PM 1:34
DIVISION OF CORP. COMPLAINTS

1-14-245

TO: Registration Section
Division of Corporations

SUBJECT: Prosacorp Outdoor Servives, 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:

Ben S. Inman, III
10940 Veterans Memorial Drive
Tallahassee, Florida 32309

For further information concerning this matter, please call:

M. Lanier Suber, CPA
850-893-1411

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Prosacorp Outdoor Services, LLC

ARTICLE II – Address:

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**10940 Veterans Memorial Drive
Tallahassee, Florida 32309**

Mailing Address:

**10940 Veterans Memorial Drive
Tallahassee, Florida 32309**

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Ben S. Inman, III
10940 Veterans Memorial Drive
Tallahassee, Florida 32309**

REC'D
TALLAHASSEE
JAN 14 2014

15 JAN 14 PM 1:35

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

Ben S. Inman III

605

Registered Agent's Signature

(CONTINUED)

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:

Managing Member

Author: Ben

**Ben S. Inman, III
10940 Veterans Memorial Drive
Tallahassee, Florida 32309**

ARTICLE V – Effective Date

The effective date of the Limited Liability Company is:

January 7, 2015

REQUIRED SIGNATURE:

Ben S. Inman III

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

(In accordance with section ⁶⁰⁵~~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.)

Ben S. Inman, III

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

TRANSMITTAL LETTER

FILED
JAN 14 2015
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

15 JAN 14 PM 1:35

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