

# LI 50000017586

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000024034 3)))



H15000024034ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

15 JAN 29 AM 10:00

FLORIDA DEPARTMENT OF  
CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
PROFESSIONAL RESTORATION TECHNOLOGIES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

332

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 29 AM 8:00

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers JAN 30 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROFESSIONAL RESTORATION TECHNOLOGIES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and sec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN CHEATWOOD  
Name of Person

PROFESSIONAL RESTORATION TECHNOLOGIES LLC  
Firm/Company

192 PARKLAND DRIVE  
Address

LAKE PLACID, FL 33852  
City/State and Zip Code

kevin.cheatwood30@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call,

KEVIN CHEATWOOD at ( 863 ) 465-5670  
Name of Person Area Code Daytime Telephone Number

H15000024034

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFESSIONAL RESTORATION TECHNOLOGIES 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:

192 PARKLAND DRIVE  
LAKE PLACID, FL 33852

SAME

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:

KEVIN CHEATWOOD

Name

192 PARKLAND DRIVE

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

LAKE PLACID, FL 33852

City

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 603, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 JAN 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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/AMBR

Name and Address:


KEVIN CHEATWOOD  
192 PARKLAND DRIVE  
LAKE PLACID, FL 33852

(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.

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 §817.155, F.S.)

KEVIN CHEATWOOD

Typed or printed name of signee

FILED  
15 JAN 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000024034