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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 futur annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA LIMITED LIABILITY CO. PROBE RESTORATION SERVICES LLC

Certificate of Status	0
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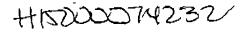
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ASU 9900





COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CT: PROBE RESTORATION SERVICES LLC Name of Lindred Liability Company					
The cas	closed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	ROBERT NAGY					
	Name of Person					
	PROBE RESTORATION SERVICE LLC					
	Firm/Company					
	1480 E. SAMPLE RD., #206					
	Address					
	POMPANO BEACH, FL 33064					
	City/Sure and Zip Code					
In Fo. n To be The g mail on an E-mail address: (to be used for future annual report notification)						
	her information concerning this matter, please call:					
	at (954) 682-9668					
	Name of Person Area Code Daytime Telephone Number					

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

			三 三
	PROBE RESTORATIO	N SERVICES LLC	写
(M)	ust end with the words "Limite	d Liability Company, "L.L.C.," or	TLC")
ARTICLE II - Address The mailing address and		office of the Limited Liability Cor	opany is:
Principal Office Address	<u>is:</u>	Mailing Address:	35 P
1480 E. SAMPLE RD.	#206	SAME	
POMPANO BEACH, F	L 33064		
The math with the Light	a street address of the registere ROBERT Name	NAGY	
	1480 E. SAMPLE	E RD., #206	
7	Florida street address (P.O. Bo		
	POMPANO BEACH	FL 33064	
_			
-	City	Zip	

(CONTINUED)
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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR/AMBR ROBERT NAGY 1480 E SAMPLE RD #206 POMPANO BEACH, FL 33064 (Use anachment if ncossary) 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 filling.) 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 s.817.155, F.S.) ROBERT NAGY
Typed or printed name of signes

> 03/24/2016 15:47 3056339696 1142/2017 202/62/60

ARTICLE IV-