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TSCHRDEDER 4.23.15

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: PROMIGROUP  Name of Lir	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	PEDRO MONEGRO	Name of Person	
	PROMIGROUP	Firm/Company	,
	3350 SW 148TH AVENUE, SUITE	110 Address	
		City/State and Zip Code	<del> </del>
	nonegro61@gmail.com E-mail address: (to be use ther information concerning this matter, ple	d for future annual report notifica	ition)
<u>Pedro</u>	Monegro at (_ Name of Person	786 ) 343-6833 Area Code Daytime Tel	ephone Number
	ed is a check for the following amount:  00 Filing Fee \$\sum \text{S130.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
PROMIGROUP, LLC		
(Must end with the words "L	imited Liability Company, "I	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	cipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
3350 SW 148TH AVENUE SUITE 110, MIRAMAR, FL 33027	3350 SW 148TH MIRAMAR, FL 33	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered active.)	s own Registered Agent. You stration.)	
PEDRO MONEGRO	·	
	Name	
4172 SW 156TH AVENU Florida street address (P.C		
MIRAMAR	FL 33027	
City	Zip	<del></del>
Having been named as registered agent and to accept the place designated in this certificate, I hereby capacity. I further agree to comply with the prove of my duties, and I am familiar with and accept seems.	accept the appointment as reisions of all statutes relating the obligations of my position Chapter 605, F.S	gistered agent and agree to act in this to the proper and complete performance
Registered Agent's	Signature (REQUIRED)	91 -
·	TINUED) ge 1 of 2	2015 APR 13

<u>fitle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR	PEDRO MONEGRO
	4172 SW 156TH AVE, MIRAMAR FL 33027
<del> </del>	
V: Effective date, if other than t	he date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than tive date is listed, the date mus filing.)	t be specific and cannot be more than five business days prior to or 9
tive date is listed, the date mus filing.)  VI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than to tive date is listed, the date mus filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	Jedno June Jedno J
V: Effective date, if other than to tive date is listed, the date mus filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmatic	Jedno The specific and cannot be more than five business days prior to or so a member or an authorized representative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of periury that the facts stated herein are true.
V: Effective date, if other than to tive date is listed, the date mustilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature (In accordance with seconstitutes an affirmation I am aware that any false)	Jedno June Jedno J
V: Effective date, if other than to tive date is listed, the date mustilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of the date mustilling.)  Signature of the date mustilling.	of a member or an authorized representative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
V: Effective date, if other than to tive date is listed, the date mustilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of the date mustilling.)  Signature of the date mustilling.	Jedro The Jedro Tepresentative of a member, tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)

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