

# Florida Department of State

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# FLORIDA LIMITED LIABILITY CO. PROFESSIONAL TRADEZ SERVICES LLC

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Certificate of Status	U		
Certified Copy	0		
Page Count	03		
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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is: PROFESSIONAL TRADEZ SERVICES LLC

## ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is: 20536 NW 20TH TERRACE BROOKER, FLORIDA 32622

The mailing address of the Limited Liability Company is: PO BOX 2154
TARPON SPRINGS, FLORIDA 34688

### ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:
ADRIAN RAY
20536 NW 20TH TERRACE
BROOKER, FLORIDA 32622

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 conficiente, I hereby accept the appointment as registered agent and agree to act in this capacity. If 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 accepts the obligations of my position as registered agent as provided for in Chapter 605, F.S.

ADRIAN RAY / Registered Agent's signature

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## ARTICLE IV

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

AUTHORIZED MEMBER

**ADRIAN RAY** 

PO BOX 2154

TARPON SPRINGS, FLORIDA 34688

ADRIAN RAY / Authorized Representative's signature

(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.)