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(Re	questor's Name)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJECT	ProFi General Contracting , I	LLC
вовурс		ne of Limited Liability Company
The enclose	sed Articles of Organization and	fee(s) are submitted for filing.
Please retu	urn all correspondence concernin	ng this matter to the following:
	Kash Fallahzadeh	·
		Name of Person
	ProFi General Contracting	
		Firm/Company
	343 Sw 13th Ave	
		Address
	Pompano Beach , FL 33069	
	kash@profifm.com	City/State and Zip Code
		be used for future annual report notification)
For further	information concerning this matt	er, please call:
	Kash Fallahzadeh	954 5992981
	Name of Person	at ()Area Code Daytime Telephone Number
Enclosed i	is a check for the following amou	unt:
<b>\$</b> 125.00 F	Filing Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Malling Address	Street Address

### Mailing Address

3 20

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:			Fig.	15 ±0
ProFi General Contra	acting LLC.				*
		Liability Con	pany, "L.L.C.," or "LLC.")	,	
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Lir	nited Liability Company is:	5. 2. 2.	PH 3: 2
<u>Princip</u>	al Office Address:		Mailing Address:	₹:	O
343 SW 13th Avenue	e Pompano Beach, FL	<u> </u>	343 SW 13th Avenue Pompano Bea	ach, FL	
The name and the Florida street	Kash Fallahzadeh	ngent are:			
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)		
	Pompano Beach	FL	33069		
	City	State	Zip		
place designated in this certificate further agree to comply with the pi	, I hereby accept the appoint ovisions of all statutes relations of my position as	intment askes ating to the p spegistered d	or the above stated limited liability consistered agent and agree to act in this roper and complete performance of n gent as provided for in Chapter 605, ignature (REQUIRED)	capacity. 1y duties, a	I
		Page 1 of	2		

A	רס	'I G	IV-

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

"AMBR" = Authorized M "MGR" = Manager AMBR	<del></del> ', '	-
_	" ",	5
AVIDR	Kash Fallahzadeh	<u> </u>
	343 SW 13th Ave Pompano Beach, FL 33069	-14.T
		$\overline{\bigcirc}$
AMBR		<u>.</u>
	343 SW 13th Ave Pompano Beach, FL 33069	్తు
		ึง
	** <b>3</b> *	דע
AMBR	Michael Loudis  343 SW 13th Ave Pompano Beach, FL 33069	
	343 SW 13th Ave Pompano Beach, FL 33069	
(Use attachment if necessa	nev)	
(Obe unusimient it ileasisse	*3)	
ARTICLE V: Effective date, if other	er than the date of filing: (OPTIONAL)	
(If an effective date is listed, the da	te must be specific and cannot be more than five business days prior to or 90	days after
the date of filing.)		
Note: If the date inserted in this bl	ock does not meet the applicable statutory filing requirements, this date will not	be listed as
	ock does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as
Note: If the date inserted in this bl the document's effective date on the	e Department of State's records.	be listed as
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Note: If the date inserted in this bl the document's effective date on th ARTICLE VI: Other provisions, if a  REQUIRED SIGNATURE	RE:  nature of a member or an authorized representative of a member.	be listed as
Note: If the date inserted in this bithe document's effective date on the ARTICLE VI: Other provisions, if a REQUIRED SIGNATUS  Sign This document are a series of the ser	RE:  nature of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  that any false information submitted in a document to the Department of State	be listed as
Note: If the date inserted in this bithe document's effective date on the ARTICLE VI: Other provisions, if a REQUIRED SIGNATUS  Sign This document are a series of the ser	RE:  nature of a member or an authorized representative of a member.	be listed as
Note: If the date inserted in this bithe document's effective date on the ARTICLE VI: Other provisions, if a REQUIRED SIGNATUS  Sign This document are a series of the ser	nature of a member or an authorized representative of a member.  Imment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.	be listed as
Note: If the date inserted in this bithe document's effective date on the ARTICLE VI: Other provisions, if a REQUIRED SIGNATUS  Sign This document are a series of the ser	RE:  nature of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  that any false information submitted in a document to the Department of State	be listed as
Note: If the date inserted in this bl the document's effective date on th ARTICLE VI: Other provisions, if a	e Department of State's records.	be listed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)