

LI 60000113264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 JUN 10 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FL 32301

g 6/14/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROTEC BACKFLOW LLC.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

FARSHAD SOHRABI

Name of Person

PROTEC BACKFLOW

Firm/Company

2200 COBBLEFIELD CIR.

Address

APOPKA, FL 32703

City/State and Zip Code

FARSHAD4US@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FARSHAD SOHRABI

954

547-1527

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 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

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

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16 JUN 10 PM 1:44
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2016

FARSHAD SOHRABI
2200 COBBLEFIELD CIR.
APOPKA, FL 32703

SUBJECT: PROTEC BACKFLOW LLC
Ref. Number: W16000039671

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16 JUN 10 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FL 32314

We have received your document for PROTEC BACKFLOW LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.
- The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 116A00011395

RECEIVED
16 JUN 10 PM 12:14
STATE
TALLAHASSEE
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROTEC BACKFLOW 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:

2200 COBBLEFIELD CIR.
APOPKA, FL 32703

Mailing Address:

P.O. BOX # 161813
ALTAMONTE SPRINGS, FL 32716

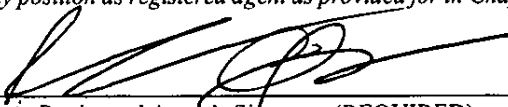
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

green solutions Accounting Firm INC
Name
405 WAYMONT CT suite 121
Florida street address (P.O. Box **NOT** acceptable)
LAKE HURRY, FL 32746
City State 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Name and Address:

FARSHAD SOHRABI

2200 COBBLEFIELD CIR.

APOPKA, FL 32703

"AMBR"

FATIMA SOHRABI

2200 COBBLEFIELD CIR.

APOPKA, FL 32703

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

FARSHAD SOHRABI

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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16 JUN 10 PM 1:44
ADAMS COUNTY, MISSISSIPPI