

L16000164668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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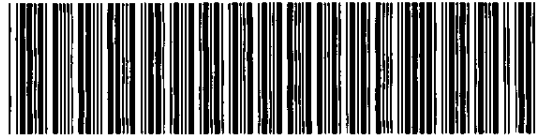
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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9/7/16

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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LLC

1.

WRAP PROS LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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**ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

16 SEP -7 PM 12:54

ARTICLE I.

The name of the Limited Liability Company is:

WRAP PROS LLC

ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

7260 SW 44TH CT

DAVIE FL 33314

The mailing address of the Limited Liability Company is:

7260 SW 44TH CT

DAVIE FL 33314

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

The name and the Florida street address of the registered agent are:

CZINKOTA, ZOLTAN

7260 SW 44TH CT

DAVIE FL 33314

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.

24 [Signature]

Registered Agent's Signature

8/31/16

Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

CZINKOTA, ZOLTAN

7260 SW 44TH CT

DAVIE FL 33314

24 [Signature]

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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.

Zoltan Czinkota

8/31/16

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

ZOLTAN CZINKOTA

8/31/16

Typed or printed name of signee

Date