

12/13/2016

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
TECHONEPRO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
16 DEC 13 PM 7:10
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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

ARTICLE I- Name

The name of the Limited Liability Company is:

TECHONEPRO LLC

ARTICLE II- Address:

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

Principal Office Address

106 WAKULLA SPRINGS WAY
ROYAL PALM BEACH FLORIDA 33411

Mailing Address

106 WAKULLA SPRINGS WAY
ROYAL PALM BEACH FLORIDA 33411

ARTICLES III-

Other provisions if any

ANY PURPOSE

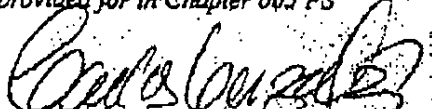
ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:

(The Liability Company cannot serve as its own Register 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:

CARLOS E GONZALEZ
106 WAKULLA SPRINGS WAY
ROYAL PALM BEACH FLORIDA 33411

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS


Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLES V- Manager (s) or Managing Member (s) of each Manager or Managing Member is as follows:

Title:

CARLOS E GONZALEZ

AMGR' = Manager

LERIDA M GONZALEZ

AMGR' = Manager

Name

Address:

CARLOS E GONZALEZ

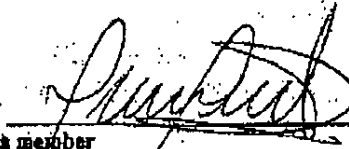
106 WAKULLA SPRINGS WAY
ROYAL PALM BEACH FLORIDA 33411

LERIDA M GONZALEZ

106 WAKULLA SPRINGS WAY
ROYAL PALM BEACH FLORIDA 33411

ARTICLE VI: effective date, if other than the date filing 01/01/17. (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 filing)

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.

CARLOS E GONZALEZ

LERIDA M GONZALEZ

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