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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF SECRETARY OF

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•	COVE	R LETTER	
TO: Registration Se Division of Cor		₩ ^\	
SUBJECT: PROLU	JX, LLC		
Solution	(Name of Limite	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this matt	er to the following:	
LARRY MA	YER		
- 	1	(Name of Person)	
		(Firm/Company)	
11201 122	ND AVE N #156		
		(Address)	
LARGO, F			
	(City	y/State and Zip Code)	
For further information of	oncerning this matter, please	call:	
LARRY MAYER	₹	at 813 704-844	9
(Name o	of Person)	(Area Code & Daytime Tele	phone 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PROLUX, LLC (Must end with the words "Lin	nited 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:	Mailing Address:
11201 122ND AVE N #156	11201 122ND AVE N #156
LARGO, FL 33778	LARGO, FL 33778
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address MARY BERLII 7321 BAY PIN	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
ARTICLE III - Registered Agent, Refine Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address MARY BERLI 7321 BAY PIN Florida	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: NG Name Name

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 608, F.S..

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

11X 4 C D !! — X 4 = = = = = =	Name and Address:
"MGR" = Manager "MGRM" = Managing Memb	er
Month Managing Ment	
MGR	LARRY MAYER
	11201 122ND AVE N #156
	LARGO, FL 33778
	
(Use attachment if necessary)	
•	
CLE V: Effective date, if other	than the date of filing: (OPTIONAL)
CLE V: Effective date, if other effective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.)	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other effective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
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CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing.) REQUIRED SIGNATURE	than the date of filing:
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE Signature of	than the date of filing:
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance of this document)	than the date of filing:
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance of this document that the factor)	than the date of filing:

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)