

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000171482

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

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

Email Address:

Cpatig@aol.com

**FLORIDA LIMITED LIABILITY CO.
PRO SERVICES FL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2018 JUL 16 PM 4:02

REGISTRATION SERVICES
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

2018 JUL 16 AM 10:18

FILED

850-617-6381

7/16/2018 1:31:22 PM PAGE 1/001 Fax Server



July 16, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: PRO SERVICES PLUS LLC
REF: W18000063084

We have received your document for PRO SERVICES PLUS LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000081249.

Please return 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.

Tyrone Scott
Regulatory Specialist II

FAX Aud. #: H18000200234
Letter Number: 918A00014234

★ Resubmit ★

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SECRETARY OF STATE
TALLAHASSEE, FL

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P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO SERVICES FL 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:3340 SE FAIRMONT ST.
STUART, FL 34997Mailing Address:3340 SE FAIRMONT ST.
STUART, FL 34997

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:

JOSEPH B PEARCE

Name

3340 SE FAIRMONT STFlorida street address (P.O. Box **NOT** acceptable)STUART

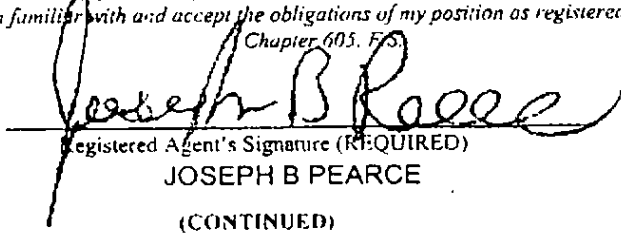
City

FL 34997

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)

JOSEPH B PEARCE

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

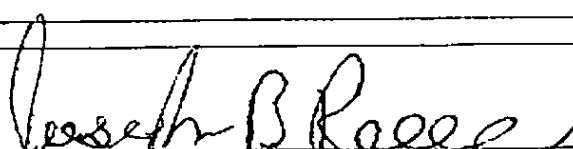
MGR**Name and Address:**JOSEPH B PEARCE3340 SE FAIRMONT STSTUART, FL 34997MGRSETH M A PEARCE3340 SE FAIRMONT STSTUART, FL 34997

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

(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.)

JOSEPH B. PEARCE

Typed or printed name of signee

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TALLAHASSEE, FL**FILED**