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(Re	equestor's Name)	
(Ad	dress)	- -
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

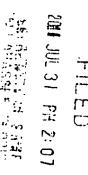


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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: ROMEN ROAD SONICE LAC. 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:		
Mike Askari		
Name of Person		
1471 Capital Cir. NW #D		
TA/10, KL 32303		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mike Asker at 850 556-6666 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount: \$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certificate of Status (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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Pro Main Vond Service LLC
100 1100 1000
(Must contain 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:
The matring address and succe address of the principal to
Principal Office Address: Mailing Address:
1471 Capital Cir. NW #1) Ho Some
11/1 (diff the c/ 2222)
- Allahabet FE 32305
LOSS - S. Dogictared Agent's Signature:
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:
Mike Askan
Name O + o +
3066 Killeam Point Cl.
Florida street address (P.O. Box NOT acceptable) 18 104
1A11a, FL 32312
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)

FILED
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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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. 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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