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Division of Corporations
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To:

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

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: hudson.lee@outlook.com

FLORIDA LIMITED LIABILITY CO.

H2 Pro Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Electronic Filing Menu

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Help



COVER LETTER

October 29, 2018

To: New Filing Section
Division of Corporation

Subject: H2 Pro Services, LLC
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:

Kalpesh J. Patel, Esq.
FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

18 NOV -5 AM 6:07
PM 3:10

Articles Of Organization
For
H2 Pro Services, LLC
A
Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: H2 Pro Services, LLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 360 Central Avenue, Suite 800, Saint Petersburg, Florida 33701.

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue #800
Saint Petersburg, Florida 33701

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..

Lee G. Hudson (sign)

(CONTINUED)

ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	Lee Hudson 360 Central Avenue Suite 800 St. Petersburg, FL 33701
<u>AMBR</u>	Kimberly Jean Hudson 360 Central Avenue Suite 800 St. Petersburg, FL 33701

ARTICLE IV:

The Effective date shall be the date of filing.

Lee G. Hudson (sign)

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.

Lee Hudson

Authorized Representative/Member

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