

L21000164788

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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.
EDU PRO MAINTENANCE, LLC.

Certificate of Status	0
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Corporate Filing Menu

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April 15, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MENDEZ ACCOUNTAX SERVICES, CORP
4605 BOUGAINVILLE DR
APT 1
LAUDERDALE BY THE SEA, FL 33308US

SUBJECT: EDU PRO MAINTENANCE, LLC.
REF: W21000051155

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A post office box is not an acceptable address for the registered agent.

If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000149704
Letter Number: 721A00007812

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

EDU PRO MAINTENANCE, LLC.

ARTICLE II- Address:

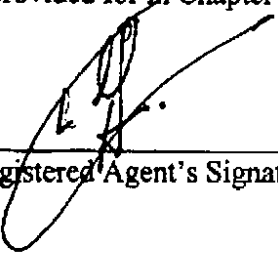
The mailing address and street address of the principal office of the Limited Liability Company is: **4605 BOUGAINVILLE DR APT 1 LAUDERDALE BY THE SEA FL 33308**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**EDUARDO PROKOPOVICH
4605 BOUGAINVILLE DR APT 1
LAUDERDALE BY THE SEA, FL 33308**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

2021 APR 16 AM 9:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED



ARTICLE IV:

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

Title:

Name and Address:

AMBR

**EDUARDO PROKOPOVICH
PO BOX 19216
PLANTATION, FL 33318**



Signature of 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.)

EDUARDO PROKOPOVICH

Typed or printed name of signee.

2021 APR 16 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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