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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Walk in Will wait Certified Copies of the Articles of Organization Certificate of Status **AMENDMENTS NEW FILINGS** ____ Amendment Profit ____Resignation of R.A. Not for Profit ____Change of Registered Agent & LLC ____Dissolution/Withdrawal Domestication INC Conversion Statement of FACT CORP **OTHER** Merger **OTHER FILINGS** REGISTRATION/QUALIFICATIONS ___Annual Report __ Foreign Filing ____ Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC ____ Statement of Authority Domestication of a Foreign Corp. ____ APOSTII. _____COUNTRY Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC. 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Authorization Signature: Proise Construction Group LLC. #Document. Walk in Will wait Certified Copies of the Articles of Organization Certificate of Status **NEW FILINGS AMENDMENTS** ____ Amendment Profit ____Resignation of R.A. Not for Profit Change of Registered Agent LLC Dissolution/Withdrawal Domestication INC Conversion CORP Statement of FACT **OTHER** Merger OTHER FILINGS REGISTRATION/QUALIFICATIONS __ Foreign Filing Annual Report Partnership Reinstatement Fictitious Name CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL _ COUNTRY Other

EXAMINER'S INITIALS:

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: YAMILE OLIVERA Name of Person YOUR FINANCE BFF Firm/Company PO BOX 2780\$4 Address MIRAMAR, FL 33027 City/State and Zip Code INFO@YOURFINANCEBFF.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YAMILE 786 479-1159 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

COVER LETTER

Mailing Address

TO:

SUBJECT:

New Filing Section Division of Corporations

PRORISE CONSTRUCTION GROUP LLC

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

Prorise Construction Group LLC

(Must contain	n the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal office of	of the Limited Liability Company is:	
<u>Principa</u>	Office Address:	Mailing Add	l <u>ress</u> :
1113 Buchana St		1113 Buchanan St	20
Hollywood, FL 33019		Hollywood, FL 33019	2024 NOA
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac-	annot serve as its own Regi- tive Florida registration.)	stered Agent. You must designate an it	25
	Hernan Carnevalle		ri -
	Nan	ne	
	1113 Buchanan St		
	Florida street address (P.C). Box NOT acceptable)	

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 relative agent as provided for in Chapter 605, F.S..

State

Hollywood

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Heman Carnevalle 1113 Buchanan St. Hollywood, FL 33019	20PH NOV
		25
		99
		<u> </u>
		. <u>.</u> .
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	date of filing:	(OPTIONAL) days prior to or 90 days after
he date of filing.)	not meet the applicable statutory filing requirement	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Hame Cinnell	
This document is e I am aware that any	a thember or an authorized representative of a recented in accordance with section 605.0203 (1) (b) false information submitted in a document to the Degree felony as provided for in s.817.155, F.S. Typed or printed name of signee), Florida Statutes.
	Typed of printed name of signed	

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)