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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

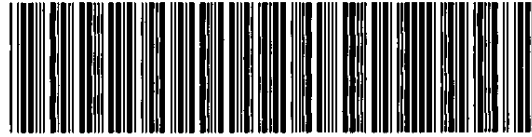
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1108-26499

6/23/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL MANAGEMENT GROUP, LLC.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

ALBERT BARETTE
(Name of Person)

PROFESSIONAL MANAGEMENT GROUP, LLC
(Firm/Company)

5 JEREMY COURT
(Address)

LINCOLN PARK N.J. 07035
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALBERT BARETTE at (201) 206-9331
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2008

ALBERT BARETTE
5 JEREMY COURT
LINCOLN PARK, NJ 07035

SUBJECT: PROFESSIONAL MANAGEMENT GROUP, LLC
Ref. Number: W08000026499

We have received your document for PROFESSIONAL MANAGEMENT GROUP, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 008A00033914

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PROFESSIONAL MANAGEMENT GROUP, LLC.
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

BOWLES CORPORATE SERVICES, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New Jersey 3. 20-1149561
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MAY 4 2004 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1500 NORTH BROADWALK, HOLLYWOOD, FLORIDA 33067
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

ALBERT BARITTE, 673 CLIFTON AVE, CLIFTON, N.J. 07011
DARRYL TERMOND, 1500 NORTH BROADWALK, HOLLYWOOD, FLA. 33067

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

SECURITY GUARD SERVICES
Albert Baritte

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALBERT BARITTE
Typed or printed name of signee

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08 JUN 20 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PROFESSIONAL MANAGEMENT GROUP, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

BOWLES CORPORATE SERVICES

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

LENNY TULER
(Name)

3980 NORTHWEST 72 WAY
Florida Street Address (P.O. Box NOT ACCEPTABLE)

PARKLAND FL 33067
City/State/Zip

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TALLAHASSEE, FLORIDA

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 608, Florida Statutes.

Lenny Tuler
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

PROFESSIONAL MANAGEMENT GROUP L.L.C.

0600201374

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 4, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

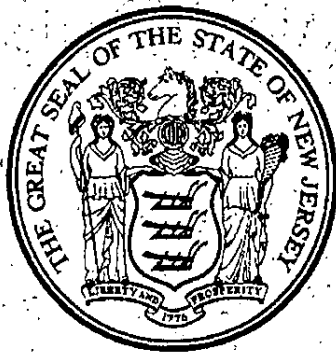
I further certify that the registered agent and registered office are:

*Albert Barette
5 Jeremy Court
Lincoln Parl, NJ 07035*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: September 3, 2007.

President

*Albert Barette
5 Jeremy Court
Lincoln Park, NJ 07035*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
11th day of June, 2008*

*R. David Rousseau
Acting State Treasurer.*

Certification# 112114206

Verify this certificate at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp