

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



200414725052

09/05/23--01012--022 **125.00

2023 SEP -5 AM II: 49
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

BJECT: _	Nam	e of Limited Liability Company
	'Application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Florida.
ase return a	all correspondence concerning this matter t	to the following:
	Long Nguyen	
		Name of Person
	Pros Georgia Electric LLC	
		Firm/Company
	423 Watercourse Way,	
		Address
	Lawrenceville, GA, 30046	
	(City/State and Zip Code
	Ingeorgiaelectric@yahoo.com	
	E-mail address: (to b	e used for future annual report notification)
further info	ormation concerning this matter, please ca	ill:
Long	Nguyen	404 825-1379 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	ng Address: stration Section	Street Address: Registration Section
	sion of Corporations	Division of Corporations
	Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	esed is a check for the following amount: e make check payable to: FLORIDA DEF 25.00 Filing Fee	e & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	gn Limited Liability Company, must include	"Lumined Liability Company," "L.L.C.," or "LLC.")	
		Company, "L.L.C.," or "LLC.")	
			
ne unavailable, enter alterna	te name adopted for the purpose of transacting busin	ess in Florida. The alternate name must include "Limited Liability Company,"	
orgia		Timred Liability Company,"	LLC or Li
Inciediacion		88-2364102 3.	
mismorring month this plan o	which foreign limited hability company is organize	d) (FEI tumber, if applicable)	
		(* = marver, a appurable)	_
	(Date first transacted business in Florida if	Prior to registration	
	(Data first transacted business in Florida, if (See sections 605 0904 & 605,0905, F.S. to	descriting panalty hability)	
10 Olde Bailey Ln		1110 Olde Bellevil	
Address of Principal Office		1110 Olde Bailey Ln 6.	
		(Mailing Address)	
est Melbourne, FL3	32904	West Melbourne, FL32904	
		ن - د	3 -
<u> </u>			
			m or
me and street addre	ss of Florida registered annual CD C		
me and street addre	ss of Florida registered agent: (P.O.	Box NOT acceptable)	5
me and street addre	ss of Florida registered agent: (P.O.	Box NOT acceptable)	5
		Box NOT acceptable)	5里
me and street addre	Ss of Florida registered agent: (P.O. Phu Phong Nguyen	Box NOT acceptable)	-5 圣二
	Phu Phong Nguyen	Box NOT acceptable)	5 411:40
		Box NOT acceptable)	-5 MI: 15
Name:	Phu Phong Nguyen 1110 Olde Bailey Ln	Box NOT acceptable)	-5 AII: 15
Name:	Phu Phong Nguyen		-5 MII: 49
Name:	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne	Box NOT acceptable)	-5 MII: 49
Name: Office Address:	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry)	32904	-5 AMII: 49
Name: Office Address:	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry)	, Florida 32904 (Zip code)	-5 AMII: 49
Name: Office Address:	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry)	, Florida 32904 (Zip code)	-5 ANI: 49
Name: Office Address: ered agent's accep	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry) tance: gistered agent and to accept service	, Florida (Zip code)	yat the plan
Name: Office Address: ered agent's accep	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry) tance: gistered agent and to accept service	, Florida (Zip code)	y at the pla
Name: Office Address: ered agent's accep	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry) tance: gistered agent and to accept service	, Florida 32904 (Zip code)	y at the ple I further of
Name: Office Address: ered agent's accep	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry) tance: gistered agent and to accept service	, Florida (Zip code)	y at the ple I further of familiar w
Name: Office Address: ered agent's accep	Phu Phong Nguyen 1110 Olde Bailey Ln West Melbourne (Ciry) tance: gistered agent and to accept service ation, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent.	, Florida (Zip code)	y at the plant of familiar wi

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Long H Nguyen □Manager ☐ Manager Name: _____ Address: 423 Watercourse Way, **■**Member ☐ Member Address: Lawrenceville, GA, 30046 ☐ Authorized ☐ Authorized Person Person Other__ Other____ ☐Other_ □Other_____ □ Manager Name: _____ □ Manager Name: ☐ Member Address: ☐Member Address: ☐ Authorized ☐ Authorized Person Person □Other_ Other____ □Other__ Other____ □Manager Name: □Manager Name: ☐ Member Address: ____ □ Member Address: ____ ☐ Authorized ☐ Authorized Person Person Other_ ☐ Other_____ □ Other___ ☐ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath 10. 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.

Control Number: 22066108

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Pros Georgia Electric LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25797886
Date Inc/Auth/Filed: 03/13/2022
Jurisdiction : Georgia
Print Date : 08/25/2023

Form Number : 211



Bred Raffensperger