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OFFICE USE ONLY(DOCUMENT #)		
LAZARUS CORPORATE FILING	SERVICE	
3320 S.W. 87 AVENUE	_	
MIAMI, FLORIDA (305)552-5973		
TERESA ROMAN (TALLAHASSEE REPR	ESENTATIVE)	
	······································	FICE USE ONLY
CORPORATION NAME(s) & DOC	UMENT NUMBER(S)) (if known):
1. PAEMIER ELEC	*.	110
(Corporation Name)		Current #) ASS OF THE COUNTY
2. (Corporation Name)	(Docu	cument#)
3. (Corporation Name)	(Doc	sument #)
4.		In Corner of the
(Corporation Name)		cument#)
Walk in Pick up time 2	. 00	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
		9000046783495 -11/14/0101017009
NEW FILINGS	AMENDMENTS	****155.00 ****155.00
Profit	Amendment	
NonProfit	Resignation of R.A., Offic	cer/Director
Limited Liability	Change of Registered Age	ent
Domestication .	Dissolution/Withdrawal	2
Other	Merger	
***************************************		a
OTHER FUNGS	REGISTRATION/ QUALIFICATION	TALLAHASSEE, FLORIDA
Annual Repotit	Foreign	DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS SALLAHASSEE EL ORIGINALIANS
Fictitious Name	Limited Partnership	02 :01 MA 41 VOV TO
Name Reservation	Reinstatement	, WECEIVED
	Trademark	T SPECEIVED
	Other	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	PEMIER ELECTRONICS C	LC
ARTICLE II - Addr		
ARTICLE III - Regi	14297 SW 12507 HIAMI FI 33186 stered Agent, Registered Office, & Registered Agent's S	Signature:
The name and the Flo	rida street address of the registered agent are:	÷ ·
	WIISON (all	
	WIISON TORO 14297 SW 125 CT	
·	Florida, street address (P.O. Box NOT acceptable)	
	City, State, and Zip	· _
liability company at the agent and agree to acceptating to the proper obligations of my positive and agree with the control of	registered agent and to accept service of process for the above place designated in this certificate, I hereby accept the application this capacity. I further agree to comply with the provision and complete performance of my duties, and I am familiar within as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature Registered Agent's Signature Torco — MANAU SANDICA DAMARUS BE	ointment as registered as of all statutes who and accept the AND FILED FILED THE MANUAL AND F
	additional article must be added if an effective date is required to the second second and the second secon	
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perithat the facts stated herein are true.)	on
	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·
FELIX R. MAYMI NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # CC915364 EXPIRES 4/11/2004 BONDED THRU ASA 1-888-NOTARY1	Filing Fees: \$100.00 Filing Fee for Articles of Organiz \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation