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Florida Department of State  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Premium Solutions Group, LLC

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Premium Solutions Group, LLC**

## ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**16354 HEATHROW DRIVE  
TAMPA, FL 33647**

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's signature

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

**JOEL M. WELDE**

Name

**16354 HEATHROW DRIVE**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**TAMPA, FL 33647**

(City / State / Zip)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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*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, F.S.*

X

*Joel M. Welde*

*Registered Agent's Signature - JOEL M. WELDE*

## ARTICLE IV - Management (Check box if applicable)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company

X

*Joel M. Welde*

*Signature of a member or authorized representative of a member.*

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JOEL M. WELDE**

Typed or printed name of signee