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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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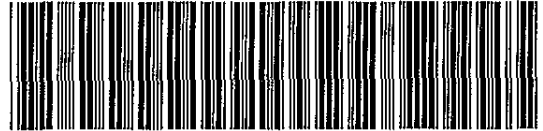
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Requestor Name			
Address			
City	State	ZIP	Phone

VALIDATION ONLY

CORPORATION(S) NAME

Premio Investments  
II, LLC

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|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report      | <input checked="" type="checkbox"/> Other <i>UC</i> |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> Call If Problem            |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Will Wait          | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out                   |

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PREMIER INVESTMENTS II, LLC

**Article II - Address:**

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

5030 CHAMPION BLVD  
G-6, #443  
BOCA RATON, FL 33496

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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


JONATHAN SMITH  
Name

520 SE 5th AVE  
Florida street address (P.O. Box NOT acceptable)

FT. LAUDERDALE, FL 33301  
City, State, and Zip

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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..



Registered Agent's Signature

**ARTICLE IV - Management / Members**

The name(s) and address(es):

DOYLE AARON  
5030 CHAMPION BLVD.  
G-6 #443  
BOCA RATON, FL 33496

DANIEL AARON  
5030 CHAMPION BLVD  
G-6 #443  
BOCA RATON, FL 33496

**ARTICLE V - 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.

(An additional article must be added if an effective date is requested)



managing member

Signature of a member or an 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.)

DOYLE AARDN

Typed or printed name of signee

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