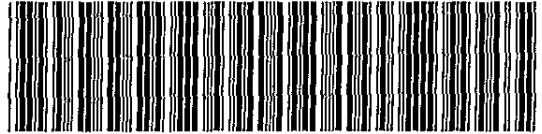


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TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

51 Everett Drive, Suite B-60  
P. O. Box 927  
West Windsor, NJ 08550-0927  
877-462-2388  
Fax: 609-716-0820

February 27, 2003

Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, FL 32314

RE: Premier Property Management, LLC

Dear Sir/Madam,

Enclosed herewith in duplicate is Articles of Organization and check for \$ 155.00. If the above name is not available please try: Premier Real Estate Management, LLC.

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned in the enclosed self addressed stamped envelope.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Zulma M. Howarth  
Encls.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Premier Property Management, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
441 SE 10th Street #201-D, Dania, Florida 33004

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

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

Leonor A. Ortiz  
Name  
441 SE 10th Street #201-D,  
Florida street address (P.O. Box **NOT** acceptable)  
Dania FL 33004  
City, State, and Zip

*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.*

By: Leonor A. Ortiz  
Registered Agent's Signature

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

Leonor A. Ortiz  
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.)

Leonor A. Ortiz - member  
Typed or printed name of signee

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)