

L03000012135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

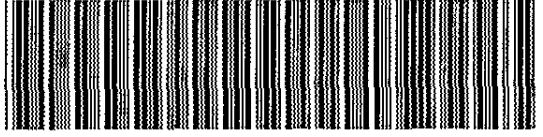
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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06 APR -3 PM 12:56
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 APR -3 PM 3:29
STATE
REGISTRARS
TALLAHASSEE, FLORIDA

4/4/03

CT CORPORATION

April 2, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5821855 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Premier Chauffeur, LLC (FL)
Formation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPROPRIATE
AND
FILED
03 APR - 3 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREMIER CHAUFFEUR, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 616 GULF BLVD, INDIAN ROCKS BEACH, FL, 33485

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

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

ROBERT LEONARD SEGAL

Name

616 GULF BLVD

Florida street address (P.O. Box NOT acceptable)

INDIAN ROCKS BEACH

FL 33485

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:

[Handwritten Signature]

Registered Agent's Signature

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

[Handwritten Signature]

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.)

ROBERT LEONARD SEGAL

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR - 3 PM 12: 56

APPROVED AND FILED