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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

premier securities exchange, llc

Certificate of Status	0
Certified Copy	1
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JB
7-18-03

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

(3)

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREMIER SECURITIES EXCHANGE, LLC

Article II - Address:

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

5030 CHAMPION BLVD.
SUITE 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:

RODNEY WAY
Name

1713 NW 33RD CT.
Florida street address (P.O. Box NOT acceptable)

FT. LAUDERDALE, FL 33311
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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..

Rodney Way
Registered Agent's Signature

ARTICLE IV - Management / Members

The name(s) and address(es):

Mgr/Mbr. - DOYLE AARON - 5030 CHAMPION BLVD. #443, BOCA RATON, FL 33496
Mgr/Mbr. - ADINA AARON - 5030 CHAMPION BLVD #443, BOCA RATON, FL 33496

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TOTAL P.03

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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)



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 AARON

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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