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(Requestor's Name)			
(Address)			
(Address)			
(13.13.5)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Decument Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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DIVISION OF CURPORATION

93 CT -9 PM 1: 56

ARTHUR C. GAY Requester's Name		
1423 North Bronough Street Address		
Tallahassee, Fl 32303 850/3 City/State/Zip Phone #	886-8625	
		Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S),	(if known):
1. PRINCETON (HIGHTEEN ) EXCHAN (Corporation Name)	IGE ACCOMODATOR (Document #)	S, LLC S
2. (Corporation Name)	(Document #)	S, LLC Soft
3. (Corporation Name)	(Document #)	<u> </u>
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4. (Corporation Name)	(Document #)	
Walk in Pick up time	·	Certified Copy
☐ Mail out ☑ Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS	AMENDMENTS	<del>-</del>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Reg Dissolution/W Merger	•
OTHER FILINGS	REGISTRATION	<b>OUALIFICATION</b>
Annual Report Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	ership
	, P	Examiner's Initials

CR2E031(7/97)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

PRINCETON (HIGHTEEN ) EXCHANGE ACCOMODATORS, LLC

#### ARTICLE II - Address:

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

1423 North Bronough Street, Tallahassee, Fl 32303

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

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

Name

1423 North Bronough Street

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

Tallahassee FL 32303

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..

Registered Agent's Signature

### 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.

(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.)

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)