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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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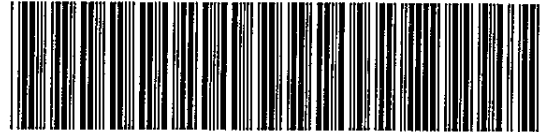
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 AM 10:21

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER Group Realty Partners, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alice M. DiPrima
(Name of Person)

(Firm/Company)

5856 WIND DRIFT LN.
(Address)

Boca Raton, Fl 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Alice DiPrima at (561) 213 3660
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Premier Group Realty Partners LLC

ARTICLE II - Address:

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

Principal Office Address:

5856 WIND DRIFT RD
BOCA RATON, FL
33433

Mailing Address:

Same as principal

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

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

Alice M. DiPrima
Name
5856 WIND DRIFT RD.
Florida street address (P.O. Box **NOT** acceptable)
BOCA RATON
FLORIDA 33433
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, Florida Statutes..

Alice M. DiPrima
Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

ALICE M. DiPRIMA
5856 WIND DRIFT LN
BOCA RATON, FL
33433

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Alice M. DiPrima

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.)

ALICE M. DiPRIMA

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)

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