Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000062142 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number

: (850)222-9428

LIMITED LIABILITY COMPANY

Premier Building Supplies, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Maringolo Pilipo Marsi

Comartie Filma

BUND ARRESTS HAID

JIVISION OF CORPURATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Premier Building Supplies, LLC The name of the Limited Liability Company is:

ARTICLE II - Address: 204 Gale Lane, P. O. Box 69, Kennett Square, PA 19348
The mailing address and street address of the principal office of the Limited Liability Company is:

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

The name and the F	lorida street address	s of the registered agent are:		5 a 9
C T Corporation System			E = 1	
•		Name		AHAS
•	e/c C T Corporation	System,1200 South Pine Island	Road	- K
•	Florida str	cet address (P.O. Box NOT accep	rable)	3 3
_	Plantation	FL 33324		S
	,	City, State, and Zip		RIDA 25
liability company at registered agent an statutes relating to t	t the place designated agree to act in this the proper and compute of my position as CT Corporates:	t and to accept service of pro ed in this certificate, I hereby s capacity. I further agree to plete performance of my duti s registered agent as provide ion System Registered Agent's Signature	accept the appointment comply with the provi es, and I am familiar w	nt as isions of all vith and 7.S. 2.ZIMM ER
(A	Signature of a memb	must be added if an effective Manual	tive of a member.	
	w. Thomas Mu T	sser, Menager 'ypod or printed name of signee Filing Fees:		
	1100.00 Pfils S 25.00 Desig	g Fee for Articles of Organization of Registered Agent) <u>n</u>	

\$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)