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2004 JUL 23 P 3:21

SECRETARY OF STATE

(Requestor's Name)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: PRICORP, LLC EIN: 02-0726391
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MELANIE J. PRINCE
(Name of Person)

PRICORP, LLC
(Firm/Company)

1560 MISTY GLEN LANE
(Address)

CLERMONT, FLORIDA 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

MELANIE J. PRINCE at (407) 325-6792
(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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRICORP, LLC

ARTICLE II - Address:

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

Principal Office Address:

1560 MISTY GLEN LANE

CLERMONT, FLORIDA 34711

Mailing Address:

4327 S. HWY 27 SUITE 224

CLERMONT, FLORIDA 34711

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

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

Melanie J. Prince

Name

1560 Misty Glen Lane

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

CLERMONT

FLORIDA 34711

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..

Melanie J. Prince

Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:

"MGR"

James W. Prince

1560 Misty Glen Lane

Clermont, Florida 34711

"MGR"

Melanie J. Prince

1560 Misty Glen Lane

Clermont, Florida

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Melanie J. Prince
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.)

Melanie J. Prince

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)

ck
\$ 155.00