

L04000061108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900040159719

08/17/04--01049--018 **160.00

04 AUG 17 PM 1:25
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMGOV L.L.C.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

AJAY PATEL

(Name of Person)

PREMGOV L.L.C.

(Firm/Company)

1717 COUNTY ROAD 220 #3706

(Address)

ORANGE PARK FL 32003.

(City/State and Zip Code)

For further information concerning this matter, please call:

AJAY PATEL

(Name of Person)

at (904) 278 6923

(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

04 AUG 17 PM 1:25
SECRET
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREMEON L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

AJAY PATEL

Mailing Address:

1717 COUNTY ROAD 220 #3706
ORANGE PARK FL 32003

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

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

AJAY PATEL

Name


1717 COUNTY ROAD 220 #3706

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

ORANGE PARK FLORIDA FL 32003

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..



Registered Agent's Signature

04 AUG 17 PM 1:25
SECTION 608.20
DIVISION OF CORPORATIONS

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:

MGRM

AJAY PATEL

1717 COUNTY ROAD 220 #3706
ORANGE PARK FL 32063

MGR

PRAKASH PARAG.

1717 COUNTY ROAD 220 #3706
ORANGE PARK FL 32063

MGR

PUSHPA PARAG

1717 COUNTY ROAD 220 #3706
ORANGE PARK FL 32063

MGR.

JAYANTILAL PARAG

1717 COUNTY ROAD 220 #3706
ORANGE PARK FL 32063

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

AJAY PATEL

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)

04 AUG 17 PM 1:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS