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SECRETARY OF STATE AND ASSESSED FOR CRIPA

TRANSMITTAL LETTER

TO: Registration Section

Tallahassee, Florida 32399

Division of Co	rporations					
SUBJECT: Primat	ortuna, LLC					
SUBSECT.	(Name of Lin	nited Liability Con	npany)		_	
The enclosed Articles	of Organization and f	ee(s) are submi	tted for filing.			
Please return all corres	pondence concerning	this matter to t	he following:			
Liane Mooty						
	(Name of Person)		• · ·	-		
Nevada Corporate I	-leadquarters, Inc.					
	(Firm/Company)					
350 S. Center St., S	Ste. 500					
	(Address)	<u> </u>	-			
Reno, NV 89501						
1	(City/State and Zip Code)		.		TAR TAR	
For further information	concerning this matt	er, please call:			2005 JAN 27 PM 1: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Liane Mooty		_at (775) 284-3798		PR PR	
(Name of	Person)	(Area Cod	e & Daytime Telepho	ne Number)	1: 32 JANIBA	
STREET ADDRESS:			ING ADDRESS:			
Registration Section			ation Section			
Division of Corporatio 409 E. Gaines Street	П2		on of Corporations ox 6327			
		1,0,0,	v= ·			

Tallahassec, Florida 32314

as of all and 2005 JAN 27 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is: Primafortuna, LLC

ARTICLE II - Address:

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

Principal Office A	Address:		Mailing Add	ress:
660 East Jeferson 5	Street	-	14305 Westm	eath Dr.
Tallahassee, FL 32301			Laurel, MD 20	1707
	egistered Agent, Regis		_	Agent's Signature:
	Business Filings Inc	•		
Name		Name		- '
	660 East Jefferson	Street		÷
Florida street address (P.O.		ss (P.O. Box NO	T acceptable)	-
	Tallhassee	FL 3	2301	
	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..

(CONTINUED)

Registered Agent's Signature

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	г
MGR	Hien Huynh
	14305 westmeath Dr.
	Laurel, MD 20707
	Ladiei, WD 20101
	Charles Manufacture
	Liane Mooty
	· · · · · · · · · · · · · · · · · · ·

(Use attachment if necessary)	
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NOTE: An additional article	must be added if an effective date is requested.
	ANADO DO MUNDO MINISTERIO DE LO
REQUIRED SIGNATURE:	
accorded Storari Cite.	
	· //
Signeture of	a member or an authorized representative of a member.
Signature of	a member of an authorized representative of a member.
(In accordanc	e with section 608.408(3), Florida Statutes, the execution

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

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)

2005 JAN 27 PH 1: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

that the facts stated herein are true.)

Liane Mooty