

L050000 12958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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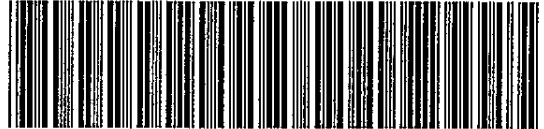
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PREMIER PROPERTIES OF VOLUSIA, LLC  
(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:

JAMES SKOW  
(Name of Person)

THE BROADCAST TEAM, INC  
(Firm/Company)

9 SUNSHINE BLVD  
(Address)

ORMOND BEACH, FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES SKOW at ( 386 ) 676-1157  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|--|

**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 PROPERTIES OF VOLUSIA, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

9 SUNSHINE BLVD  
ORMOND BEACH, FL 32174

#### Mailing Address:

9 SUNSHINE BLVD  
ORMOND BEACH, FL 32174

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

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

JAMES SKOW

Name

9 SUNSHINE BLVD

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

ORMOND BEACH, FL 32174 FL

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.*

  
Registered Agent's Signature

(CONTINUED)

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

"MGRM" = Managing Member

MARK EDWARDS

9 SUNSHINE BLVD  
ORMOND BEACH, FL 32174

MGR

MGRM

STEPHANIE EDWARDS

9 SUNSHINE BLVD  
ORMOND BEACH, FL 32174

**REQUIRED SIGNATURE:**

W.D.

(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.)

MARK EDWARDS

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**

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