

# L05000056520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Encumbrance  
Status

Office Use Only

Unrecorded

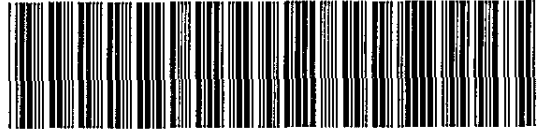
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Date: May 10, 2005

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **PREMIER PASO FINOS, LLC**  
Name of Limited Liability Company

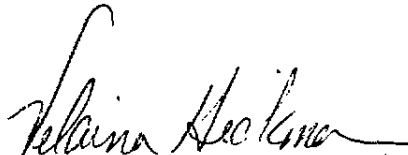
Gentlemen:

Enclosed please find the original and one copy of the Articles of Organization.

The payment represents the fees for filing and for a Certificate of Status.

Please send all correspondence concerning this matter to the address below. Thank you.

Very truly yours,

  
**Velaina Hickman**

MAILING ADDRESS

**Premier Paso Finos, LLC  
19825 Old Trilby Road  
Dade City, FL 33523**

Seminole Form 215: Trans. Letter (7-90)

FILED  
2005 MAY 31 P 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE 1- Name:**

The name of the Limited Liability Company is:

**PREMIER PASO FINOS, LLC**

**ARTICLE II- Address:**

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

**Principle Office Address:**

**19825 Old Trilby Road  
Dade City, FL 33523**

**Mailing Address:**

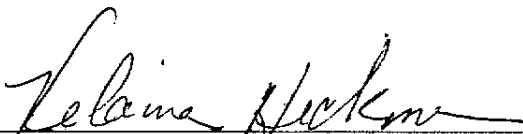
**19825 Old Trilby Road  
Dade City, FL 33523**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Velaina Hickman  
19825 Old Trilby Road  
Dade City, FL 33523**

*Having been named as registered agent and to accept service of process for the above state 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

FILED  
CLERK OF COURT  
STATE OF FLORIDA

NOV 31 P 2:08

FILED

(CONTINUED)

**ARTICLE IV – Manager(s) and 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**

**Velaina Hickman  
19825 Old Trilby Road  
Dade City, FL 33523**

**MGRM**

**Hickman  
19825 Old Trilby Road  
Dade City, FL 33523**

**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.)



**Name of signee**

FILED  
JUL 21 2 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

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