

L050000065908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

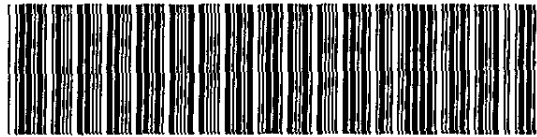
(Business Entity Name)

(Document Number)

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

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2005 JUN 29 PM 1:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL - 5 2005

Date: June 24, 2005

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

Re: **PREMIER REALTY SERVICES, 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,

  
Gary Hickman

MAILING ADDRESS

19825 Old Trilby Road  
Dade City, FL 33523  
(352)999-0902

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE 1- Name:**

The name of the Limited Liability Company is:

**Premier Realty Services, 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**

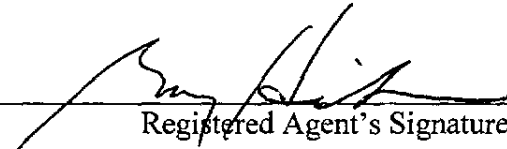
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TALLAHASSEE, FLORIDA

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

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

**Gary 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

(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:**

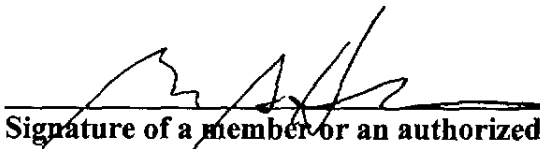
**MGRM**

Gary Hickman  
19825 Old Trilby Road  
Dade City, FL 33523

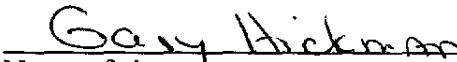
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TALLAHASSEE, FLORIDA

**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

**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)