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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
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TRANSMITTAL LETTER

Division of Cor	porations .		
SUBJECT: PRIME DI	EVELOPMENT,LLC.		
		Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
ROLAND	O PEREZ		
	4)	lame of Person)	
PRESIDENT OF CO			
	1)	Firm/Company)	
0004 FA OT	OACKI AND DADK DU EK	ADD 01 040	
2881 EAS1	OACKLAND PARK BULEV	(Address)	
		(1.332103)	
FORT	LAUDERDALE, FL, 33306	•	
		State and Zip Code)	
For further information of	concerning this matter, please	call:	
ROLANDO PEREZ		at (786) 419-1732	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
			FA Si

STREET ADDRESS:

TO:

Registration Section

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: PRIME DEVELOPMENT, LLC.				
	he principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2881 EAST OACKLAND PARK BULEVARD	2881 EAST OACKLAND PARK BULEVARD			
Ste.313 FORT LAUDERDALE	Ste. 313 FORT LAUDERDALE			
FL, 33306	FL,33306			
ROLANDO PEREZ				
18-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Vame			
2040 FM 22 ad AVE				
3940 SW 32 nd. AVE				
Florida street address (P.O. Box NOT acceptable)				
HOLLYWOOD, FL, 33023 FL City, State, and Zip				
City, S	tate, and Zip			
liability company at the place designated	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all			
	te 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			
- Rafani	3			
Dogistared A	cent's Signature			

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	GUILLERMO LEON			
	2881 EAST OACKLAND PARK BULEVARD			
	Ste.313 FORT LAUDERDALE, FL, 33036			
(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.				
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)			
GUILLERMO LEON	<u></u>			
Typed	or printed 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)