

LOS 000074714

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/11/05--01010--015 **82.00

07/26/05--01023--009 **43.00

FILED
JUL 26 PM 2:51
CORP. SEC. DIV.
STATE OF CALIF.

LOS-74714
AK

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Primer Medical Solutions LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75 \$82.00
Filing Fee
& Certificate of Status

☒ \$78.75 \$82.00
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Evelyn Young / Key Young Assoc. Inc.
Name (Printed or typed)

4111 SW 25th St. #13
Address

Ft. Lauderdale, Fl. 33317
City, State & Zip

(954) 822-6878 / (954) 581-8982
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



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RECEIVED BY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Premier Medical Solutions, LLC

ARTICLE II - Address:

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

Principal Office Address:

7881 Catalina Circle
Tamarac, Florida
33321

Mailing Address:

7881 Catalina Circle
Tamarac, Florida
33321

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

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

Evelyn Wang / Key young assoc, Inc.
Name
411 SW 25th St #13
Florida street address (P.O. Box **NOT** acceptable)
H. Lauderdale FL 33317
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.

Evelyn Wang
Registered Agent's Signature

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SECRETARY OF STATE
FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

President

Name and Address:

Yessyka Benitez Young

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Yessyka Benitez
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.)

Yessyka Benitez Young
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)

CK# 100

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CK# 103

125.00
82.00
43.00

SECRETARY OF STATE
JUL 26 PM 2:52

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