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SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

Division of Corporations					
SUBJECT: Priority	Ser ne of Limited Liab	VIĈE, LI	~C		بد
The enclosed Articles of Organization and	fee(s) are submitt	ed for filing.			
Please return all correspondence concerni	ng this matter to th	e following:			
Judy O	vertel (Name o	t-mg	RM		
Priorit	Sev (Firm/C	ompany)			* <u>~</u>
P.O. Box	495	iress)		2006 FEB 27	SECRETA VISION OF
Sparr	Flori (City/State a	da 3	2192	3	RY OF S
•	(1	II: 52	IAIL ATION
For further information concerning this m	itter, please call:				ध ि
Judy Overfelt	- at (<u>ح</u>	52, 843.	-6557		
(Name of Person)		(Area Code & Daytime To	elephone Number)		
Enclosed is a check for the following a	mount:				
\$125.00 Filing Fee \$130.00 Fil Certificate of \$	status Cert	1155.00 Filing Fee & ified Copy tional copy is enclosed)	S160.00 Filing For Certificate of Status Certified Copy (additional copy is enclosed)	&	
Mailing Addre Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Priority Servic (Must end with the words "Limited Liability Company,	ELLC "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
P.O.Bor495 Sparr Fla 32192	P.O. BOY 495 Sparr Fle 32192
	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another Registered Agent. You must designate an individual or another Registered Agent.
The name and the Florida street address of	f the registered agent are:
Michael	Badanek PRATILI
3391 NES	Sulver Springs Blud eet address (P.O. Box NOT acceptable)
Orala	FL 3447D

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 (REQUIRED)

City, State, and Zip

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRW	Judy Operfelt P.D. Gox 495 Sparr Florida 32192
	2006
	2006 FEB 27
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(I se attachment if necessary)	
(Use attachment if necessary) ICLE V: Effective date if other than	the date of filing: (OPTIONAL)
ICLE V: Effective date, if other than a effective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
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ICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.)	st be specific and cannot be more than five business days p
ICLE V: Effective date, if other than a effective date is listed, the date muse 90 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p udy Dufelt aber or an authorized representative of a member.
ICLE V: Effective date, if other than a effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with of this document of	st be specific and cannot be more than five business days p

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)