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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Remier 1 Products, LLC (Name of Limited Liability Company)		·	
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
John P. Damante, SR, (Name of Person)	<del></del> .	= X.J _	
Premier 1 Products, LLC			
(Firm/Company)		••	
3921 Eden Roc Grécle West	Z.S.	06 J	
(Address)	20		
Tampa, FL 33634	· · · ·	20	11.
(City/State and Zip Code)	37 G		E
For further information concerning this matter, please call:	STATE	06 JUL 20 AN 11: 43	
Name of Person)  Name of Person)  (Name of Person)  (Area Code & Daytime Telephone Number)	, <u>.</u>	-	-
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	us &		

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
PREMIER 1 PROJECTS (Must end with the words "Limited Liability Company, "Limited  ARTICLE II - Address: The mailing address and street address of the print	
Principal Office Address:	Mailing Address:
	3921 Eden Roc Ciecle West TAMPA, FL 33634
ARTICLE III - Registered Agent, Registered ( (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	mante, Se. 2
_	ss (P.O. Box NOT acceptable)
City, State, and	FL 33634
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all bormance of my duties, and I am familiar with and tred agent his provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(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	John P. Donante, Sp. 3921 Eden Roc Circle 1687 Tampa PC 33634	- <i>-</i>
<del></del>		د د سرکی دید شد د سنه ص
	FILED.  OF JUL 20 AM II:  SECITOR STA	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of the control	DA 41	
to or 90 days after the date of filing.)  REQUIRED SIGNATURE:		
Signature of a number of	or an authorized representative of a member.	24

(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.)

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)