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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT, MAIL |
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| (During Fallis Name) |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

| TO: | Registration Sec Division of Cor | | 7 | ŧ | | | |
|---|-------------------------------------|---|--|--|--|--|--|
| SUBJI | ECT: Premie | r Processing, LLC | | | | | |
| | (Name of Limited Liability Company) | | | | | | |
| The en | closed Articles of | Organization and fee(s) are su | ubmitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| | Bobbie Alis | hia Riley | | | | | |
| | | (1) | Name of Person) | | | | |
| | Premier Pro | ocessing, LLC | | | | | |
| | | (| Firm/Company) | | | | |
| | 4620 Keer | ne Road | | | | | |
| | | | (Address) | | | | |
| | Plant City, | FL 33565 | | | | | |
| | | (City) | /State and Zip Code) | | | | |
| For fu | rther information | concerning this matter, please | call: | | | | |
| Bobb | oie Alishia Ri | ley | at (813) 707-850 | 4 | | | |
| (Name of Person) | | | (Area Code & Daytime T | elephone Number) | | | |
| Enclos | sed is a check fo | or the following amount: | | | | | |
| 5 12: | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons TALL. | | | |

DECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nai The name of the Li | me: imited Liability Company is: | | | | |
|--|--|--|-----------------------------------|----------------------------|---|
| Premier Processing (Must end with the word) | | d Company" or their abbreviation "LLC," | ' or "L.C.," |) | |
| ARTICLE II - Ad The mailing address | | ncipal office of the Limited Lia | ability C | ompa | ny is: |
| Principal Office Address: | | Mailing Address: | | | |
| 4620 Keene Road | | 4620 Keene Road | | | |
| Plant City, FL 33565 | | Plant City, FL 33565 | | _ | |
| (The Limited Liability C business entity with an | | Office, & Registered Agent's ered Agent. You must designate an indivi- | | ther | |
| | Name | | CRE LAH, | نے | — <u>————————————————————————————————————</u> |
| | 4620 Keene Road | | TARY | 12 JUL 24 | |
| | Florida street add | ress (P.O. Box <u>NOT</u> acceptable) | ŗ.o | <u> </u> | m |
| | Plant City | FL 33565 | ELO TS | AM 10: 2 | D |
| | City, State, as | nd Zip | STATE FLORID | 2 | |
| liability compa registered agent a statutes relating | my at the place designated in th nd agree to act in this capacity to the proper and complete per | accept service of process for the c nis certificate, I hereby accept the I further agree to comply with formance of my duties, and I an tered agent as provided for in C | e appoin the prov 1 familia | tment visions r with | t as s of all and |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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" = Manag "MGRM" = Man | er | ne and Address: | |
|--|---|---|-------------------------------|
| MGRM | Bobb | pie Alishia Riley | |
| | 4620 | Keene Road | |
| | Plant | City, FL 33565 | |
| MGRM | Robe | ert Clark Riley | |
| | 4620 | Keene Road | |
| | Plant | City, FL 33565 | |
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| | date, if other than the date of fixed, the date must be specificate of filing.) | and cannot be more than five b | (OPTIONAL) usiness days prior |
| | | | |
| | Signature of a member or an au | thorized representative of a member. | |
| | (In accordance with section 608.4 of this document constitutes an after that the facts stated herein are transfer.) | } ************************************ | |
| | Bobbie Alishia Riley | | |
| | Typed or prin | ted name of signee | = |
| Filing Fees: | | | AL SE |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

JUL 24 AM IO: 21