

LG7000049743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

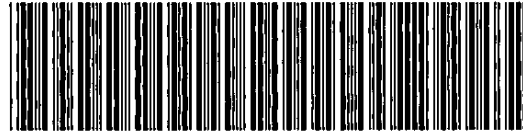
(Document Number)

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2007 MAY 10 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shanon Douglas

~~Shanon Douglas~~

Requester's Name

1004 Desoto Park Dr.

Address

Tall / FL /

City/State/Zip

878-3700

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Smith, Currie & Hancock

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 – Name:**

The name of the Limited Liability Company is:

**Premier Management Services, LLC**

*(Must end with the words "Limited Liability Company," "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:**

4547 SW 195 Terrace  
Miramar, Florida 33029

**Mail Address:**

4547 SW 195 Terrace  
Miramar, Florida 33029

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

*(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

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

F. Alan Cummings

Name

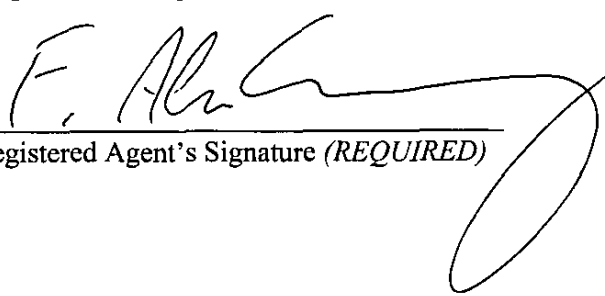
1004 De Soto Park Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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..*

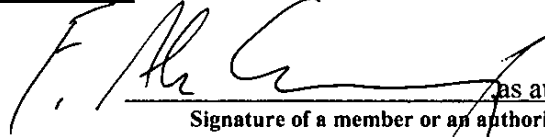
  
Registered Agent's Signature (REQUIRED)

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**Article IV:** F. Alan Cummings is appointed attorney-in-fact for the Limited Liability Company. Mr. Cummings, in his capacity as attorney-in-fact, is empowered solely to execute contracts on behalf of the Limited Liability Company, and to sign other official documents or public filings on behalf of the Limited Liability Company, when expressly directed to do so by the Limited Liability Company.

**Article V:** Effective date and time, if other than the date and time of the filing: N/A  
          . (OPTIONAL if you want the effective date to be after the date of filing)

**REQUIRED SIGNATURE:**



as authorized member representative

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.)

F. Alan Cummings

\_\_\_\_\_  
Typed or printed name of signee