

L070000127782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

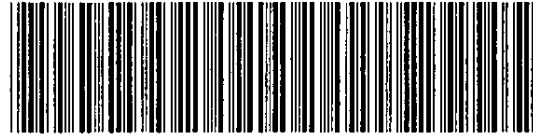
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/07--01002--003 **155.00

RECEIVED
07 DEC 26 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 DEC 28 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 28 2007

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

850-222-2785

City/St/Zip

Phone #

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

1- PREMIER ASET MANAGEMENT, LLC

2-

3-

4-

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DEC 28 PM 2:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

☒

Walk-in

☐

Pick-up time ASAP

☒

Certified

☐

Mail-out

☐

Will wait

☐

Photocopy

☐

Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2007

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: PREMIER ASSET MANAGEMENT, LLC
Ref. Number: W07000062208

FILED
07 DEC 28 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P43 -
9262

We have received your document for PREMIER ASSET MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 107A00071847

**ARTICLES OF ORGANIZATION
FOR
DSD ASSET MANAGEMENT, LLC
A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I

Name

The name of this Company shall be **DSD ASSET MANAGEMENT, LLC.**

ARTICLE II

Duration

The term of existence of the Company shall be perpetual.

ARTICLE III

Mailing and Street Address

The mailing and street address of the Company is 505 Avenue A, N.W., Suite 217, Winter Haven, FL 33881-4650.

ARTICLE IV

Registered Agent and Office

The name and street address of the initial registered agent for this Company are as follows: Kerry M. Wilson, 141 5th St., N.W., Winter Haven, FL 33881.

ARTICLE V

**Admission of Additional Members;
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

ARTICLE VI

Management of Company

The Company is to be a member managed company.

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TALLAHASSEE, FLORIDA

ARTICLE VII
Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE VIII
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 28th day of December, 2007.



**KERRY M. WILSON, as Authorized Representative
of a Member of the Company**

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.



KERRY M. WILSON

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 28th day of December, 2007, by **KERRY M. WILSON**, who is personally known to me or produced _____ as identification.

(SEAL)



Patsy L. King
Commission # DD475958
Expires October 19, 2009
Bonded Troy Patti - Insurance Inc. 800-385-7011



NOTARY PUBLIC

Print Name of Notary

My Commission Expires: