(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JAN 2 9 2008
EXAMINER

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COVER LETTER

TO:		stration Se sion of Cor							
SUBJ	ECT: _	PREI	nier Maj (Name of Li	RKet mited Liability	Solu1 y Company)	tions.	com i	<u> </u>	? -
The er	nclosed .	Articles of	Organization and fee(s)	are submitted	for filing.				
Please	return a	all correspo	ondence concerning this r	matter to the fo	ollowing:				
		Tan	nee Pa	tou cr	OVA				
			DARA Per	(Name of P	erson)				
				(Firm/Com	pany)				
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		1 J Jac	recy	(Addres	ss)	//	AH AH		
		,	OPLANDO	, Fl	36	2836	ASSE ASSE	¥ 28	-
		<u>.</u>	JIC CITIVIF C	(City/State and	Zip Code)		T C	ּס	
For fu			oncerning this matter, pl				STATE	2008 JAN 28 P 3: 36	
	Tame	PA (Name	Petruskova of Person)	at (40	77 5 Arca Code & D	7970 Paytime Telep	3 1 Ohone Number)		
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. /			r the following amount						
⊠ \$125	5.00 Fil	ing Fee 【	\$130.00 Filing Fee of Certificate of Status	Certi	00 Filing Fed fied Copy onal copy is en		\$160.00 Fili Certificate of Certified Co (additional cop	of Statu opy	ıs &
			Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ons F	Street/Courier Registration Se Division of Co Clifton Buildin 1661 Executiv Callahassee, F	ection orporations ng ve Center Ci	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")								
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:								
Principal Office Address: Mailing Address:								
11952 Reedy Creek dr # 204 Same Onlando, Fl 32836 FF 3								
ARTICLE III - Registered Agent, Registered Office, & Registered Agent & 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: Name								
Florida street address (P.O. Box NOT acceptable)								
Orlando FL 32836 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								

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

Title:		Name and Address:	
"MGR" = M: "MGRM" = 1	anager Managing Member		
MGRM	<u>. </u>	TAMARA PETRUSKOVA M952 REEDLY CEEK DR APT 204 ORLANDO, FL 32836	
MGRM		Dennis Aproyo 11952 Reedy Ceek Dr. Apt 204 ORLANDO, FL 32836	
			
ADTICLE V. Efford	nent if necessary) tive date, if other than the da	LECRE JAN JAN SECRETARY (SPTIQNAL)	
If an effective date i	is listed, the date must be s	pecific and cannot be more than five business trays price	or
to or 90 days after th	ie date of filling.)	STATE LORIDA	
<u>REQUIRED</u>	SIGNATURE:		
	And .		
	Signature of a member of	or an authorized representative of a member.	
		on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ten are true.)	
	Tamaga P	d 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)