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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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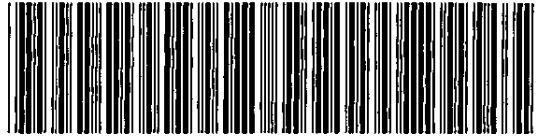
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 JAN 23 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 26 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Centrifuge Consortium L.L.C.  
(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:

Frank Prevé  
(Name of Person)  
Centrifuge Consortium L.L.C.  
(Firm/Company)  
20821 Estero Gardens Circle  
(Address)  
Estero, FL 33928 Apt 202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Prevé at 954 802 9072  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ ~~\$125.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Centrifuge Consortium L.L.C.

(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:

20321 Estero Gardens Cir  
Estero, FL 33928  
Apt 202

#### Mailing Address:

20321 Estero Gardens Cir  
Estero, FL 33928  
Apt 202

### 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:

Frank Preme

Name

20321 Estero Gardens Circle

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

Estero, FL 33928 Apt 202

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.*

Frank Preme

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGR

**Name and Address:**

Frank Prevé  
20221 Estero Gardens Cir  
Estero FL 33928, Apt 202

Dave Walker  
8010 Via Sardinia  
Estero, FL 33928 Apt 101

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/19/09. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Frank Prevé

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.)

Frank Prevé

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)

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