

L090000019304

(Requestor's Name)

Edward Arthur Barron  
10091 Bay Harbor Terrace  
Bay Harbor Island, FL 33154

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

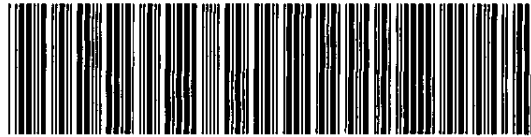
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02/16/09--01025--021 \*\*125.00

Effective Date 02/15/09

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09 FEB 16 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W09-7640  
BRYAN FEB 17 2009

J. BRYAN

FEB 26 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2009

EDWARD ARTHUR BARRON  
10091 BAY HARBOR TERRACE  
BAY HARBOR ISLAND, FL 33154

SUBJECT: PREMIUM APPEAL LLC  
Ref. Number: W09000007640

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TALLAHASSEE, FLORIDA

We have received your document for PREMIUM APPEAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 16, 2009. Please amend your document accordingly.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 509A00005596

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Premium Appeal LLC.

(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:**

10091 Bay Harbor Terrace

**Mailing Address:**

10091 Bay Harbor Terrace

**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: **Effective Date** 02/15/09

Judith Kenney & Associates, P.A.

Name

777 Brickell Avenue Suite 1070

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

Miami, FL 33131

FL

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.*

Judith Kenney

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

**Name and Address:**

MGR \_\_\_\_\_

Edward Arthur Barron

10091 Bay Harbor Terrace

Bay Harbor Island, FL 33154

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/15/2009. (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:**

  
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.)

**Edward Arthur Barron**

\_\_\_\_\_  
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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