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SECRETARY OF STATE

S. HAWKES AUG 1 8 2009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Princlida, LLC
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:
Mes Charles Name of Person
Primevida, LLC
Cien/Company
960 sw 96th ave
Address
Pembroke Pines FL, 33025 City/State and Zip Code
Imail address: (to be used for future annual report notification)
L-mail address: (to be used for future annual report notification)
For further information concerning this matter, please caff:
Monigue Gregos at (760) 523-6495 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMBANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
The name of the Emined Emonity Company is:
ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C." or "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: Mailing Address:
960 SW 96 th ave 2500 MUSGINAVE (#402 Pentrove Pines, FL, 3308 Lander Will, FT 33313
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:
Mues Charles
Mues Charles
960 Sw 86-th ave Florida street address (P.O. Box NOT acceptable)
Pembroke Pines FL 33025 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.
- Whi
Registered Agent's Signature (REQUIRED)

(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:

$"MGR" = \Lambda$	ส์ จทยออเ	Name and Address:
	Managing Member	
MGK	<u> </u>	Mues Charles
		Penhadas Place VI.330X
MGRI	Pn 1	Maricul CAROC CAR
10.010		2000MD 3CFD ALECTIMO
		Lauckrnill, Fl 33313
(Use attach	ment if necessary)	
	·	date of filing: (OPTIONAL)
TCLE V: Effe	ective date, if other than the e is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more tha n five business days pr
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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)