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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : MAY, MEACHAM & DAVELL, P.A.
Account Number : I20000000135
Phone : (954) 763-6006
Fax Number : (954) 764-5367

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO.
PRIME CONCEPTS, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (1), Page Count (03), and Estimated Charge (\$160.00).

S. HAWKES
DEC 31 2009
EXAMINER

850-517-6381

12/30/2009 9:43:57 AM PAGE 1/001 Fax Server

cc: JH



December 30, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAY, MEACHAM & DAVELL, P.A.

SUBJECT: PRIME CONCEPTS, LLC  
REF: W09000056151

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: B09000266157  
Letter Number: B09A00039468

S. HAWKES

DEC 31 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A1A PRIME CONCEPTS, 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:

Daniel G. Serafini

Name of Person

Firm/Company

1001 NW 115th Avenue

Address

Plantation, Florida 33323

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Serafini

Name of Person

at ( 954 ) 401-1325

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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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TALLAHASSEE FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A1A PRIME CONCEPTS, 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:

1001 NW 115th Avenue  
Plantation, Florida 33323

1001 NW 115th Avenue  
Plantation, Florida 33323

**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:

Daniel G. Serafini

Name

1001 NW 115th Avenue

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

Plantation, 33323 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.,*

  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Daniel G. Serafini

1001 NW 115th Avenue

Plantation, Florida 33323

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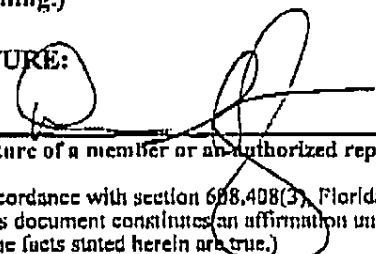
(Use attachment if necessary)

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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (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 688.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Daniel G. Serafini

Typed or printed name of signer

**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)