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DEFALTSEKE DE STATE DIVISION OF CORPORATION TALLANASSEE, FLORIO*K*

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Premier Investment Properties of America, LLC.
	Name of Limited Liability Company
The en	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Shatia Miller
	Name of Person
	Premier Investment Properties of America, LLC.
	Firm/Company
	80 Charles Willis Drive
	Address
	Midway, Florida 32343
	City/State and Zip Code
	premierliving2008@gmail.com E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Aaron Miller at (850) 363-6188
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
]\$125.	O0 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	eany is:
	roperties of America, LLC.
(Must end with the words "Limit	ted Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
80 Charles Willis Drive	80 Charles Willis Drive
Midway, Florida 32343	Midway, Florida 32343
Jean-	Evens Thomas Name
	Cherokee Drive
	ess (P.O. Box <u>NOT</u> acceptable)
Tallahassee	
City,	, State, and Zip 32301
liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position Registered Agent	and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
(CC	ONTINUED)

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" = Manager "MGRM" = Managing Me	Name and Address:	
Taffany Williams (MGF	R) <u>2537 Glover Road</u> Tallahassee, FI 32305	
Aaron Miller (MGF	RM) <u>80 Charles Willis Drive</u> <u>Midway, Fl 32343</u>	
		
(Use attachment if necessa	ary)	
TICLE V: Effective date, if oth an effective date is listed, the d	her than the date of filing: (OPT ate must be specific and cannot be more than five busine ng.)	FIONAL) ess days p
	the tra miller	
or 90 days after the date of filin REQUIRED SIGNATUR	RE: Matta Milles e of a member or an authorized representative of a member.	
REQUIRED SIGNATUR Signature (In accord of this do	Shortis Milles	
Pr 90 days after the date of filing REQUIRED SIGNATUR Signature (In accordant of this do	And Mulles e of a member or an authorized representative of a member. Idance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the penalties of perjury	
Pr 90 days after the date of filing REQUIRED SIGNATUR Signature (In accordant of this do	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury acts stated herein are true.)	

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)