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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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**presidential limousines of south florida, llc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

A. LUNT

MAY 28 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Presidential Limousines of South Florida, 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:

6985 Brook Hollow Road  
Lake Worth, FL 33467

6985 Brook Hollow Road  
Lake Worth, FL 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Mark S. Teller

Name

6985 Brook Hollow Road

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

Lake Worth, FL 33467

City, State, and Zip

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*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.*

Mark S. Teller  
Registered Agent's Signature

H10 000125607

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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**

**MGRM**

**Mark S. Teller**

**6985 Brook Hollow Road**

**Lake Worth, FL 33467**

**MGRM**

**Joseph Bari**

**6985 Brook Hollow Road**

**Lake Worth, FL 33467**

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(Use attachment if necessary)


**NOTE: An additional article must be added if an effective date is required:**

**REQUIRED SIGNATURE:**

**MARK S. TELLER**

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.)

  
Type or printed name of signee

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