Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000172270 3)))



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To:

Please retain original filing

Division of Corporations

: (850) 617-6383 date of submission 7/29

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

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

FLORIDA LIMITED LIABILITY CO.

Premier Property Management LLC

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

Fran Ros Property Management EXAMINER

July 30, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PREMIER PROPERTY MANAGEMENT LLC

REF: W10000035746

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative continuous are not available for one year from the date of administrative continuous dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have not intention of reinstating, therefore, releasing the name for use to another entity.

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

Please return your document, along with a copy of this letter, within 100 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: 810000172270 Letter Number: 510A00018418

RE-SUBMIT
Please retain original filing
date of submission 7/29

COVER LETTER

TO: Registration S Physica of Co						
FRA	N ROS PROPERTY M	IANAGEMENT LLC	•			
SUBIRCT:	Name of Limit	ed Liability Company				
The enclosed Articles of	f Organization and flee(a) are	submitted for filing.				
Please return all corres	ondence concerning this matt	er to the following:	•			
Betsy J.	Mills, Paralegal		<u> </u>			
Hodgso	n Russ LLP			· -		:
140 Pea	rl St., Suite 140					:
<u>Buffalo</u>	NY 14202					
Frank medein	os@suregreen.ca	y/State and Zip Code		,		
	E-mail address: (to be used	or future jurinal report notification)		Dis.	5	•
For further information	concerning this matter, please	c call:				70
Betsy J. Mills		716~848-1296		53.5	29	
Nany	of Parson	Arca Cade & Daytime Tales	hone Number	A STATE	7	П
Bactosed in a check f	or the following amount:			9	Ċ	· CI
□\$125.00 Filing Fee	Q\$130.00 Filing Fee & Certificate of Status	El\$155.00 Filing Pee & Cortifled Copy (additional copy is enclosed)	\$160,00 Filing For Certificate of State Certified Copy		ক্র	

Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahamen, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallohessos, FL 32301

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>FRAN ROS PR</u>	OPERTY MA	ANAGEMENT LLC	
()Mt	ust and with the ivor	rds "Limited Liebility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing address		dress of the principal office of the Limited Liab	oility Company
Principal Office A	\ddress:	Mailing Address:	
134 NE 2nd St	rmat	c/o Francisco Medeiros	
Boca Raton, FI		160 Queen Street West	
	<u> </u>	Mississauga, Ontario L5H	<u>1L6</u>
(The Limited Liability Co business only with an a	ompshy cannot herv active Picrida regist Florida street ac	ddress of the registered agent are:	signature:
(The Limited Liability Co business only with an a	ompsky čennot nerv activa Florida tegish	re as its own Registered Agent. You must designate an individu nation.) ddress of the registered agent are: System	ist or another.
(The Limited Liability Co business only with an a	ompshy cannot herv active Picrida regist Florida street ac	re as its own Registered Agent. You must designate an individu ration.) ddress of the registered agent are:	is or another
(The Limited Liability Co business only with an a	ompany cannot nervice registrative Florida street ac C T Corporation	re as its own Registered Agent. You must designate an individuonation.) ddress of the registered agent are: System Name Island Road	ist or another
(The Limited Liability Co business only with an a	ompany cannot nervice registrative Florida street ac C T Corporation	re as its own Registered Agent. You must designate an individuation.) ddress of the registered agent are: System Name	ind or another
(The Limited Liability Co business only with an a	ompany cannot nervice registrative Florida street ac C T Corporation	re as its own Registered Agent. You must designate an individuonation.) ddress of the registered agent are: System Name Island Road	isl or another
The Limited Liability Control of the harme and the 1	ompany cannot nervactive Florida street ac C T Corporation 1200 South Pine Plantation	re as its own Registered Agent. You must designate an individuation.) ddress of the registered agent are: System Name Island Road Florida street address (P.O. Box NOT acceptable)	ist or another

(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: Name and Address: Title: "MOR" = Manager "MGRM" = Managing Member Francisco Medeiros (a/k/a Frank Mederios) MGR 160 Queen Street West Mississauga, Ontario L5H 1L6 (Use attachment if necessary) 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 of an authorised 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.)

Filing Fees:

\$125.00 Filling For for Articles of Organization and Designation of Registered Agent

- 3 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Francisco Medeiros (a/k/a Frank Medeiros)