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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PrimaPromotions, LLC.

Name of Limite

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: **Donna Cardinale** Name of Person PrimaPromotions, LLC. Firm/Company 1460 SW Belgrave Terrace Address Stuart, FL 34997 City/State and Zip Code Donna@DonnaCardinale.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Donna Cardinale** Name of Person Enclosed is a check for the following amount: ___\$130.00 Filing Fee & \$155.00 Filing Fee & **√**\$160.00 Filing Fee, \$125.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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 COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	20
PrimaPromotions, LLC.		ZOIIO NOV 23 SEURETARY
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	23 SSE
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Li	
Principal Office Address:	Mailing Address:	25 25
1460 SW Begrave Terrace	1460 SW Begrave Terrace	
Stuart, FL 34997	Stuart, FL 34997	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an indivi	
Donna Cardinale		
Name	3	
1460 SW Belgra	ve Terrace	
Florida street ad	ldress (P.O. Box NOT acceptable)	
Stuart	_{FL} 34997	
City, Si	tate, 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 1	IV- Mana	ger(s) or	Managing	Member	s):
	W A = TAWGRESS	Eci (3) Oi	MANUACINE	TATOMINOCH !	

The name and address of each Manager or Managing Member is as follows:

GR	Donna Cardinale	NOV 23 SECRLTARY ALLAHASSE
	1460 SW Belgrave Terrace	3
	Stuart, FL 34997	- 5 · .
IGRM	Anthony Cardinale	71.E RIDA
	1460 SW Belgrave Terrace	
	Stuart, FL 34997	
-		

ARTIC (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 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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Donna Cardinale

Typed or printed name of signee

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)