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A. LUNT
OCT 28 2011
EXAMINER

000213344950

10/27/11--01009--001 **125.00



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COVER LETTER

Division of	n Section Corporations		
SUBJECT: PR	EMIER ISLAND C Name of Limited L	LEANING SERVIC	ies, LLC
The enclosed Articles	s of Organization and fee(s) are subr	nitted for filing.	
Please return all corre	espondence concerning this matter to	the following:	
	Kathleen Su Nar	ddau	
	Nar	ne of Person	
	Fin	m/Company	
	4244 Jade	Loop	7 <u>7</u> 36
		Address	₹8 8
	Destin FL	32541	CT 27 ME
 	City/Sta	3 み 5 4 1 ite and Zip Code	
 	P-mail address: (to be used for fu	ox. Net	S S
For further information	en concerning this matter, please cal	·	RIDA
Kathy .	Swald at at at at	(407) 579-5 Area Code & Daytime Telep	5929 Shone 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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
PREMIER TSLAND CL (Must end with the words "Limited Liability	eaning Services, LLC. ity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
	incipal office of the Limited Liability Company is:				
	, , ,				
Principal Office Address:	Mailing Address:				
4244 Fade Loop Destin FL 32541	4244 Jade Loop Destin, FL 32541				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.)					
The name and the Florida street address of the re	egistered agent are:				
Kathleen	SWALD I				
Kathleen S	DWAGE SE N				
Destin	ress (P.O. Box NOT acceptable) FL 33541 te, 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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGRM	Kathleen Swabb 38 8 4244 Jade 1000 Destin FL 32541 88 3
MGRM	JUSAN POLSON 4244 Jade Loop Destin FL 32541 OFF
(Use attachment if necessa	ry)
ARTICLE V: Effective date, if oth (If an effective date is listed, the date or 90 days after the date of filing	ner than the date of filing: 1 Nov 2011 (OPTIONAL) ate must be specific and cannot be more than five business days prior g.)
REQUIRED SIGNATUR	Æ:
K	athleur Twalle
Signature	of a member or an authorized representative of a member.
constitutes an affir I am aware that an	h section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
<u>K</u>	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)