## L12000010713

(Re	equestor's Name)			
(Ad	ldress)	·		
(Ad	ldress)			
(Ĉit	ty/State/Zip/Phone	÷#)		
	.,. 2 m	- ·· <b>,</b>		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only

B. KOHR

JAN 25 2012

**EXAMINER** 



600218232026

600218232026 01/23/12--01052--004 \*\*130.00

12 JAN 23 AM 9: 20

SECRETARY OF STATE OF CORPORATIONS

## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT:	Premiere Name of Limited	Talent LLC d Liability Company	
The enclosed Articles of C	Organization and fee(s) are so	ubmitted for filing.	AN CO
Please return all correspor	ndence concerning this matte	r to the following:	1
·	Tara 1	1archond Name of Person	
. <del></del> -	Premie	ere Talent Firm/Company	LLC
	08 Basil Br	anch Ct Address	
<del></del>	Jax, F	L 32259 State and Zip Code  24 FCE C C O	
·	E-mail address: (to be used fo	a 4 FCE C CO(	mastinet
For further information co	ncerning this matter, please	call:	
Taxa M Name of	achad Person	at (904) 434 Area Code & Daytime Tele	SIO7 ephone Number
Enclosed is a check for \$125.00 Filing Fee		\$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 Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	S

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Tara Marchand Florida street address (P.O. Box NOT acce Jax FL 32257 City, State, 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 "MGRM" = Managing Member	Name and Address:
<u>Manager</u>	Tora Marchand 1108 Basil Branch Ct Tax, FC 32259
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: <u>hing Oak</u> . (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Marchard
Signature of a me	mber or an authorized representative of a member.
constitutes an affirmation u I am aware that any false in constitutes a third degree for	a 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
	Tara Marchand 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)