

L12D000089088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

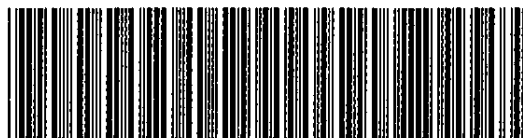
Special Instructions to Filing Officer:

(JUL 09 2012

L. SELLERS

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Office Use Only



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06/14/12--01027--010 **130.00

FILED
12 JUN 14 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/11/2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To whom it may concern;

I have enclosed within this envelope the Articles of Organization for the Florida Limited Liability Company along with a check in the amount of \$130.00. If further information is required, please contact me at the address or phone number listed below. Thank you for our time.

Albin Soto

A handwritten signature in black ink, appearing to read 'MSA' with a stylized flourish at the end.

P.O. Box 233
Largo, Fl 33779
(727)424-4010.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2012

ALBIN SOTO
P.O. BOX 233
LARGO, FL 33779

SUBJECT: PREZILIO ENTERPRISE, LLC
Ref. Number: W12000032605

We have received your document for PREZILIO ENTERPRISE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 112A00016813

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prezilio Enterprise, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

P.O. Box 233
Largo, FL 33779

Mailing Address:

P.O. Box 233 201 Highland
Largo, FL 33779
Largo, 33770

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:

Albin Soto

Name

201 Highland

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

Largo

FL 33770

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)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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:

Founder

Albin Soto

P.O. Box 233

Largo, FL 33779

Co-Founder

Michael Gonzalez

P.O. Box 233

Largo, FL 33779

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/13/12. (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 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.)

Albin Soto

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)