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J. SAULSBERRY EXAMINER

OCT 5 2012

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Prestige Equity Fun	nd, LLC	
	Limited Liability Company	, <u>;</u>
The enclosed Articles of Organization and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Michael L. Steinberg		
	Name of Person	
·····	Firm/Company	_
18825 SW 15th Avenue		
	Address	
Newberry, Florida 32669	SEC.	2812 (
	City/State and Zip Code	
michaelsteinberg@prestigeg		<u>ار</u> ا
E-mail address: (to be	used for future annual report notification)	323
For further information concerning this matter,	please call:	F
Michael L. Steinberg	at (352) 665-6100	8
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	nt:	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State		s &
Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Li	ability Company is:		
Prestige Equity F	und, LLC		
(Must end with	the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the pri	ncipal office of the Limited I	Liability Company is:
Principal Office Address:		Mailing Address:	
18825 SW 15th Avenue		Same	
Newberry, Florida 32669			
	el L. Steinberg Name 5 SW 15th A		2812 OCT -3 AM :8+ 40 SECRETARY OF STATE, TALL AHASSEE, FLORIDS
Newbe		Fi 32669	
Having been named as reg	City, Sta	te, and Zip accept service of process for the control of the cont	e above stated limited
registered agent and agree statutes relating to the pro	to act in this capacity per and complete per	us certificate, I nereby accept I further agree to comply wi formance of my duties, and I detected agent as provided for in	th the provisions of all am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	Michael L. Steinberg	
	18825 SW 15th Avenue	
	Newberry, Florida 32669	
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(Use attachment if necessary)		
	n the date of filing: (OPTIO	AT A 1

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.)

Michael L. Steinberg

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)