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(Req	juestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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Effective Date 11-2-12

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J. SAULSBERRY EXAMINER

NOV 7 2012

COVER LETTER

	Registration Division of C								
SUBJEC	T: Pre	mium	Boxi	ing	Prom	notion	75, LLC	\ 	
		Name	of Limit	ed Liabilii	y Company				
The enclo	osed Articles of	of Organization and fe	ee(s) are s	submitted	for filing.				
Please ret	turn all corresp	condence concerning	this matt	er to the f	ollowing:				
		Leon R.	Mo	irgu	les Es	sq.			
	La	w Office	2 2	F	Leon	R.	Marg	ules	PA
	53	97 Oran	ge	Dri	1e , S	uite	202		
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For furthe	er information	concerning this matte	er, please	call:)5×	Ö
Leo	m R.	Margules of Person		at (9	34 <u>5</u>	-87-	0482		
. ,	Name	of Person		Α	rea Code & Day	ytime Tel c į	ohone Number		
Enclosed	is a check fo	or the following am	ount:	,			/		
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of S		Certi	00 Filing Fee fied Copy onal copy is end		\$160.00 Fi Certificate Certified C (additional co	of Statu Copy	ıs &
		Mailing Address Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	· C	treet/Courier legistration Sec Division of Cor Lifton Buildin, 661 Executive fallahassee, FL	ction porations g : Center C			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		pany is:				
Premi	in Bo	xing P.	monotro	ns, LL	<u>C.</u>	
(Must	end with the words "Lin	nited Liabrity Compan	y, "L.L.C., " or "Li	LC.)		
ARTICLE II - Add The mailing address		of the principal o	ffice of the Li	mited Liabili	ty Company	is:
Principal Office Ad	dress:	<u>Mailir</u>	ig Address:			
5397 Orange 1 Davie, Fr. 33	Drive, Suite: 314	000 <u>53</u> 	397 0, wie, 71	range Ur 3331	rive Suit L	202
ARTICLE III - Reg (The Limited Liability Com business entity with an act The name and the Flo	pany cannot serve as its ive Florida registration.) orida street address Leon Florida	s of the registered Name Name Drive a street address (P.O.	You must designal agent are: July Suite Box NOT accept	59. 20 2- otable)	gnature: 2512 NOV -5 AM 80 50	
_	Davie	FL_	33314	<u> </u>	š' ' Ö	
		City, State, and Zi	ρ			
77				as fourthe abo	wa stated line	itad

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 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:
Mgrm	Jacques Deschamps 3632 Alcantara Avenue Doral, F2 33178
·	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 2, 2012. (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:	TALLAH	£011.7117
Signature of a member or an authorized representative of a member.	200	
(In accordance with section 608.408(3), Florida Statutes, the execution of this doct constitutes an affirmation under the penalties of perjury that the facts stated herein I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.)	iment, E	
Leon R. Marqules		

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)