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COVER LETTER

•	ion Section of Corporations					
SUBJECT: Premier Bus Lines FL, LLC						
SUBJECT:		nited Lisbility Company	***************************************			
The enclosed Articl	es of Organization and fee(s) a	re submitted for filing.				
Please return all con	respondence concerning this m	atter to the following:				
Elizabe	eth A. Strole					
		Name of Person				
Rome Clifford Katz & Koerner, LLP						
		Firm/Company				
214 Ma	ain Street					
		Address				
Hartford	CT 06106					
City/State and Zip Code						
estrole@	rckklaw.com	for future annual report notification)				
	•					
For further informati	on concerning this matter, plea	se call:				
Elizabeth A. Strole at (860) 527-7044						
Na	me of Person	Area Code & Daytime Tele	plione Number			
Enclosed is a check	for the following amount:					
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name.	Á	RTI	CLF	C T -	Na	me:
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The name of the Limited Liability Company is:

Premier Bus Lines FL, 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:

Mailing Address:

3801 Collins Ave

Apartment 905 Miami Florida 33140

3801 Collins Ave Apartment 905 Miami Florida

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:

Incorp Services, Inc.

Name

17888 67th Court North

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

Loxahatchee

FL 33470 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.

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member 3801 Collins Ave, Apartment 905 Stephen A. DiMarco Miami Florida 33140 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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 a \$17.155.ES.)

ELIZABETHA STROLE 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)

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