

L130000062062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

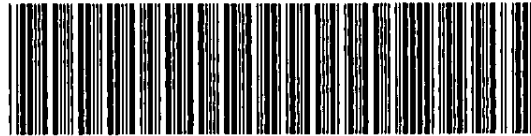
Special Instructions to Filing Officer:

APR 29 2013

A. LUNT

W13-19168

Office Use Only



600246028686

03/29/13--01026--005 \*\*125.00

FILED  
2013 APR 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2013

MORAN M. ROGOF  
950 ST. JOHNS BLUFF RD N  
JACKSONVILLE, FL 32225

SUBJECT: PRIME LOCKSMITH LLC  
Ref. Number: W13000019168

2013 APR 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for PRIME LOCKSMITH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 413A00007755

(850).245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Prime Locksmith LLC**  
*Name of Limited Liability Company*

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Moran M Rogof**

*Name of Person*

**Prime Locksmith LLC**

*Firm/Company*

**950 St Johns Bluff Rd N**

*Address*

**Jacksonville Florida 32225**

*City/State and Zip Code*

**PRIME.LOCKSMITH@YAHOO.COM**

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

**Moran Rogof**

*Name of Person*

at **(904) 662-6004**

*Area Code & Daytime Telephone Number*

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2013 APR 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Prime Locksmith 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:

950 St Johns Bluff Rd N

Jacksonville Florida 32225

#### 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:

Moran M Rogof

Name

950 St Johns Bluff Rd N

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

Jacksonville 32225

FL

City, State, and Zip

FILED  
2013 APR 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Moran M Rogof  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Moran Rogof

950 St Johns Bluff Rd N

Jacksonville Florida 32225

2013 APR 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


FILED

(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 s.817.155, F.S.)

Moran M Rogof

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)**