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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

JAN 1 0 2014

T. BROWN

COVER LETTER

:OTa Registration Section

Division of Corporations

PREMIER REALTY NETWORK, 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:

			Ç	
	JERI THOM			
		Name of	Person	
	PREMIER REAL	TY NE	TWORK, LLO	
	•	Firm/Co	npany	
	PO BOX 7868			
		Addre	rss	
	LAKELAND, FL	33807		
		City/State and	l Zip Code	
	JERILTHOM@AOL.CO			
	E-mail address	: (to be used fo	r future annual report notifica	ition)
For further	information concerning this matter, p	lease call:		
JERI THOM		863	646-6688	
	Name of Person	Area Code	Daytime Telephone Nun	ıber
Enclosed is	a check for the following amount: ing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	Certifi	ed Copy Cer Il copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy onal 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

EFFECTIVE DATE

ARTICLES OF OF	RGANIZATION FOR	RELORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:		ed Liability Company, "L.L.C.," or "LLC.")
The name of the Limited Liability C	ompany is:	The state of the s
		The second second
PREMIER REALTY NETWORK, LLC.		
(Must end with	the words "Limite	ed Liability Company, "L.L.C" or "LLC.")
A DITIGITE II. A dalaman		
ARTICLE II - Address: The mailing address and street addre	ess of the principal	office of the Limited Liability Company is:
The manning dearless and shield idea.	sa, et ille principal	The state is the same is the s
Principal Office Address:	Mai	iling Address:
3320 BRIDGEFIELD DRIVE		PO BOX 7868
LAKELAND, FL 33803		LAKELAND, FL 33807
	_	
The name and the Florida street add	•	
JERI L. THOM	Nan	
	Nan	iic
3320 BRIDGEF	IELD DRIVE	
Florida stre	et address (P.O. B	ox <u>NOT</u> acceptable)
LAKELAI	עט	FL 33803
	City	Zip
the place designated in this certi	ficate, I hereby acce	service of process for the above stated limited liability company ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performand

of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	JERI L. THOM
	3320 BRIDGEFIELD DRIVE
	LAKELAND, FL 33803
AMBR	WILLIAM M THOM
	3320 BRIDGEFIELD DRIVE
	LAKELAND, FL 33803
AMBR	MICHAEL R. THOM
	3164 OAKPARK DRIVE
	LAKELAND, FL 33803
	he date of filing: 01/15/2014
f filing.)	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than to ctive date is listed, the date mus filling.)	
EV: Effective date, if other than to ctive date is listed, the date mus filling.)	
EV: Effective date, if other than to	
EV: Effective date, if other than to ctive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than to ctive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with secondary)	of a member or an authorized representative of a member.
EV: Effective date, if other than to ctive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with sometimes an affirm I am aware that any	t be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than to ctive date is listed, the date must filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with sometimes an affirm I am aware that any	of a member or an authorized representative of a member. ection 605.0203 (1) (b). Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)