

L14 000014747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

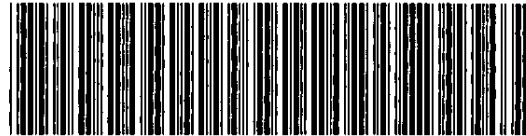
(Business Entity Name)

(Document Number)

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

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Office Use Only



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J. Shivers JAN 28 2014

RECEIVED  
FEB 11 2014  
FEB 11 2014

14 JAN 28 10:31

01/28/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PREMIER REVENUE SOLUTIONS, 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:

**HANSEN TIMOTHY**

Name of Person

**PREMIER REVENUE SOLUTIONS LLC.**

Firm/Company

**1801 INDIAN ROAD, #104**

Address

**WEST PALM BEACH, FLORIDA 33409**

City/State and Zip Code

**DCTIM1@GMAIL.COM**

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

For further information concerning this matter, please call:

**TIMOTHY HANSEN** at **561** **707-7424**

Name of Person

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

14 JUL 23 14:00  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

TIMOTHY HANSEN, DC

1801 INDIAN ROAD, #104

WEST PALM BEACH, FLORIDA 33409

AMBR

ANDREA TREVINO

1801 INDIAN ROAD, #104

WEST PALM BEACH, FLORIDA 33409

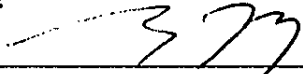
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 21, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

TIMOTHY HANSEN, DC

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)**

14 JAN 23 AM 10:32  
STATE OF FLORIDA  
TALLAHASSEE  
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PREMIER REVENUE SOLUTIONS 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:**

1801 INDIAN ROAD

#104

WEST PALM BEACH, FLORIDA 33409

1801 INDIAN ROAD

#104

WEST PALM BEACH, FLORIDA 33409

**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:

TIMOTHY HANSEN

Name

1801 INDIAN ROAD, # 104

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

WEST PALM BEACH

FL 33409

City

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 JUN 23 11:10:32  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY, FLORIDA