

L14000054623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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04/01/14--01032--013 **125.00

EFFECTIVE DATE 03-31-14

B. BOSTICK

APR - 3 2014

EXAMJNER

COVER LETTER

To: Registration Section
Division of Corporations

Primary Coverage Officiating, 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:

Xiomara Cruz

(Name of Person)

Primary Coverage Officiating, LLC

(Firm/Company)

298 Live Oak Blvd.

Sanford, FL 32773

(Address, City/State and Zip Code)

ballxc10@aol.com

(Email address / to be used for future annual report notification)

For further information concerning this matter, please call:

Xiomara Cruz at (321) 947-8693

Enclosed is a check for the following amount:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

2011-10-17 10:55
2011-10-17 10:55
2011-10-17 10:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Primary Coverage Officiating, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

298 Live Oak Blvd.
Sanford, FL 32773

ARTICLE III - Registered Agent, Office and Signature:

The name and the Florida street address of the registered agent are:

Xiomara Cruz
298 Live Oak Blvd.
Sanford, FL 32773

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

FILED
2014-03-11 PM 12:55
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV -

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

Title:

MGR

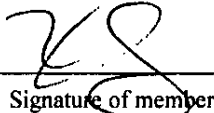
Name and Address:

Xiomara Cruz

298 Live Oak Blvd.

Sawford, FL 32773

ARTICLE V: Effective date: March 31, 2014


Signature of 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.)

Xiomara Cruz

Typed name of signer

2014-03-10 10:55
2014-03-10 10:55
2014-03-10 10:55