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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: Prime+ me Trading Inc.  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:
Robert Presley Name of Person
Primetime Trading Inc.
12650 6W 71 Ave Address
Missing JEC 33156  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Vinos (Ly at 305) 491-0333 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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TO:

**Registration Section** 

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

04/16/14

**Robert Presley** 

12650 SW 71st Ave

Miami, FL 33156

305 491-0333

Primetime531@bellsouth.net

Department of State,

I have dissolved my Corporation Primetime Trading ( P12000080211) and wish to establish as a LLC.

Please see enclosed forms to establish Primetime Trading as a LLC.

Thank You,-

**Robert Presley** 

# ARTICLE 1 - Name: The name of the Limited Liability Company is: (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: 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:

Name

12650 CW 7 | Ave

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

(AMI FL 33156

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 Agents Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Fitle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
MOR	Robert Mosley 12050 See 71 Me. 14 12001 JEG 33156
V: Effective date, if other than the	e date of filing: (OPTIONAL)
V: Effective date, if other than the tive date is listed, the date must filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
CV: Effective date, if other than the ctive date is listed, the date must filling.) CVI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
Citive date is listed, the date must filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature o  (In accordance with sect constitutes an affirmation I am aware that any false	e date of filing: