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SECRETARY OF STAIL ALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL -8 2014

## **COVER LETTER**

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TO: Registration Section

Division of Corporations		
SUBJECT: E&S Premie	r Paralegal Services, LLC	
	imited Liability Company	<del></del>
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Emelinda Berrios		
	Name of Person	
E&S Premier Paralegal Services,		
	Firm/Company	
600 N. Thacker Avenue, Suite D-	54	
	Address	
Kissimmee, Florida 34741		
	City/State and Zip Code	
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, pl	lease call:	
Faceline A. Damina	745 0004	
Emelinda Berrios at ( Name of Person	( 407 ) 715-0684 Area Code Daytime Telephon	
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	160.00 Filing Fee, Certificate of Status & ertified Copy litional 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 Cir Tallahassee, FL 32301	cle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limite	ed Liability Company is:		
			<u> </u>
E&S Premier Parale	gal Sancione III C		
Cas Flemier Farale	Must end with the words "I im	ited Liability Company, "L.L.C.," or "LLC.")	2 6
(1	must cha with the words Lim	ned Blue inty company, B.B.C., or BBC.	
ARTICLE II - Addre		•	多念。一
The mailing address ar	d street address of the principa	al office of the Limited Liability Company is:	3
Dringing Office Add	******	Mailing Address	14.00
Principal Office Addi	ess:	Mailing Address:	200
600 North Thacker A	venue	600 North Thacker Avenue	
Suite D-54		Suite D-54	. Ya
Kissimmee, Florida	34741	Kissimmee, Florida 34741	•
ADTICLE III Domin	tourd Agant Dogistaned Offi	an R. Degistaved Agent's Signatures	
		ce, & Registered Agent's Signature: own Registered Agent. You must designate an indivi	idual or
	with an active Florida registr		
		,	
The name and the Flori	ida street address of the registe	ered agent are:.	
	Out of Manage		
	Suhail Vargas	ame	
	140	anic	
	13562 Meadow Bay Loop		
	Florida street address (P.O.	Box <u>NOT</u> acceptable)	
	Orlando	FL 32824	
	City	Zip	
	0.1.9		
		ot service of process for the above stated limited liabil	
the place designate	d in this certificate, I hereby ac	ccept the appointment as registered agent and agree	to act in this
		ons of all statutes relating to the proper and complete	
of my duties, and I i		e obligations of my position as registered agent as pro hapter 605, F.S	oviaea jor in
•	C.	пириет 605, Р.З	
	M	~ <i>l</i>	
	<u></u>	<del></del>	
	Registered Agent's Si	gnature (REQUIRED)	

(CONTINUED)
Page 1 of 2

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Emelinda Berrios
	5620 Silver Thistle Lane
	Saint Cloud, FL 34772
MGR	Suhail Vargas
	13562 Meadow Bay Loop
	Orlando, FL 32824
	<del></del>
	ACCUPATION OF THE PROPERTY OF
V: Effective date, if other than the da	te of filing:
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