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J. Shivers NOV 2 1 2014

## COVER LETTER ]

TO: Registration Section Division of Corporations
SUBJECT: Promer Clobal rans aft Ons/CC 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:
raig A Robertson
Premer 6/06/2/ Translations, LCC
2900 Rom fort Parking D4-264
Tallahasso FC 32309
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee,
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Fremer 6/06 translations, LL (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."	<u></u>		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	:		
Principal Office Address:  2910 Kerry Lovest larkung 2910 Kerry tore 5514 CH 1264 32309 Tallahus Satt	32-31	gelli Deg	wy
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 another business entity with an active Florida registration.)	n indiviđua	d or	
The name and the Florida effect address of the registered agent are:  Name  Name  Florida street address (P.O/ Box NOT acceptable)  Talances (P.O/ Box NOT acceptable)  Zip	4-2	<sup>1</sup> 64	
Having been named as registered agent and to accept service of process for the above stated limite the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and comply of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S	' agree to a omplete pe	ct in this rformanc	re
Registered Agent's Signature (REQUIRED)	TALL A PAGE	14 HOV 20	
(CONTINUED)		PH P	
Page 1 of 2		2	Ĺ.

"AMBR" = Authorized Member "MGR" = Manager  AMBR	Name and Address:  Craig A Rehelson 2910 Perm Forest Prhy DY-264 Tellahasse Ft 313	7 25,	
Ambr	Biovanna Alvarez 2910 por Boest Alvarez DI-Jan Tollahasse, fc 37	/ '30'	7
(Use attachment if necessary)	of filing: // Ze//( (OPTIONAL)		
CLE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90	days after	r
ffective date is listed, the date must be spee of filing.)  ELE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under		days after	r

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

ARTICLE IV-