

61500 0056373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

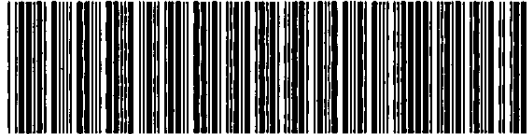
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500270191865

03/12/15--01023--021 \*\*130.00

FILED  
15 MAR 12 AM 10:06  
MAR 12 2015  
MAR 12 2015

J. Shivers MAR 31 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRIME IMPORTS, 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:

JOSEPH M. SAVAGE

Name of Person

PRIME IMPORTS, LLC

Firm/Company

119 TWIN LAKE GROVE DRIVE

Address

INTERLACHEN, FL 32148

City/State and Zip Code

J1 SAVAGE@JUNO.COM

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

For further information concerning this matter, please call:

JOSEPH M. SAVAGE

Name of Person

at ( 386 )

Area Code

684-4775

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME IMPORTS, 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:

PRIME IMPORTS, LLC  
119 TWIN LAKE GROVE DRIVE  
INTERLACHEN, FL 32148

Mailing Address:

PRIME IMPORTS, LLC  
119 TWIN LAKE GROVE DRIVE  
INTERLACHEN, FL 32148

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:

JOSEPH M. SAVAGE

Name

119 TWIN LAKE GROVE DRIVE

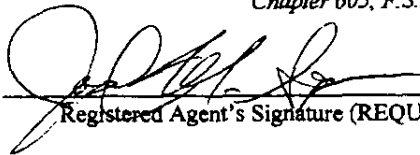
Florida street address (P.O. Box NOT acceptable)

INTERLACHEN FL 32148

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)

15 MAR 12 AM 10:06  
FILED  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF PALM BEACH  
FLORIDA

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:

JOSEPH M. SAVAGE

119 TWIN LAKE GROVE DRIVE

INTERLICHEN, FL 32148

AMBR

DANIEL L. HERMAN

3865 HIDEAWAY LANE

MIDDLEBURG, FL 32068


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

JOSEPH M. SAVAGE

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)

FILED  
15 MAR 12 AM 10:06