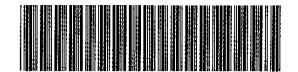
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SECRETARY OF STATE

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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Priority Systems LLC Name of L	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Felix Mercado	Name of Person
Priority Systems LLC	Firm/Company
830 N. John Young Parkway	Address
Kissimmee Florida 34743	City/State and Zip Code
sales@PrioritysystemsIlc.com E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
Felix Mercado at (Name of Person	505) 395.6411 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{2}\$\$ \$125.00 Filing Fee \$\sum{2}\$\$ Certificate of Status	□\$155.00 Filing Fee & □\$160.00 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:				
Priority Systems LLC. (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.'	")		
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is	s;		
Principal Office Address:	Mailing Address:			
830 N John Young Parkway Kissimmee Florida 34741	117 Pansy Court Kissimmee Florida 34743			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agency.	egistered Agent. You must designate a	n indivi	dual or	
	gent arc.			
<u>Felix Mercado</u> Name				
117 Pansy Court Florida street address (P.O. Box N	IOT acceptable)			
<u>Kissimmee</u>	FL 34743			
City	Zip			
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	the appointment as registered agent and all statutes relating to the proper and cations of my position as registered agen 605, F.S	l agree te omplete	o act in perfori	this mance
(CONTINUEI))			
Page 1 of 2		SECRETARY TALLAHASSE	15 MAR 25	Annual Sales

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR Manager	Felix Mercado
	117 Pansy Court
	Kissimmee Florida 34743
AMBR	Ismael A.Garcia
	117 Pansy Court
	Kissimmee Florida 34743
(Use attachment if necessary)	
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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Signature of a substitute of filing.) E VI: Other provisions, if any. Ful business activity. Signature of a substitute of a	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Cia Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
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ARTICLE IV-