L15000066710

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | S | | | |
|------------------|---|-----------------------------|---|----------------------|--|
| SUBJI | CCT: PRE HOLDINGS S | WFL LLC Name of Lir | nited Liability Company | <u></u> - | |
| The en | closed Articles of Organizat | ion and fee(s) a | re submitted for filing. | | |
| Please | return all correspondence co | oncerning this m | atter to the following: | | |
| | Amichai Pery | | Name of Person | | |
| | Caloosehatche Tax | & Finanical Se | rvices Firm/Company | | |
| | 709 Cape Coral Pkw | v <u>W</u> | Address | | |
| | Cape Coral, FL 339 | | City/State and Zip Code | | |
| Li | lachZ@altertax.co.il E-mail ad | dress: (to be use | d for future annual report | notification) | |
| For fur | ther information concerning | this matter, ple | ase call: | | |
| Rona | d St. Clair, CPA Name of Person | at (_ | 239) 540-2612 Area Code Dayti | ime Telephone N | umber |
| Enclos | ed is a check for the followi | ng amount: | | | |
| ☑ \$125.0 | • | Filing Fee & cate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is encl. | Certi osed) Certi | 00 Filing Fee, ficate of Status & fied Copy nal copy is enclosed) |
| | Mailing Address Registration Sect | | Street/Courie Registration S | | |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

February 16, 2015

Registration Section

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Re: Pre Holdings LLC

Document Number L13000050475

Dear Department:

It has come to my attention that the annual report for 2014 was not filed timely and therefore my LLC was administratively dissolved.

At this time I would like for the department to release this document number L13000050475 for Pre Holdings LLC. I am the managing member of this LLC and am authorized to release this document number.

I am also enclosing articles that I would request the department to file for me at this time.

Thanking you in advance for your help in getting these matters resolved.

Sincerely,

Managing Member

Amichai Pery

Pre Holdings LLC



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2015

AMICHAI PERY CALOOSHEHATCHE TAX & FINANCIAL SERVICES 709 CAPE CORAL PKWY W CAPE CORAL, FL 33914

SUBJECT: PRE HOLDINGS SWFL LLC

Ref. Number: W15000019613

We have received your document for PRE HOLDINGS SWFL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 515A00005587

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | | | |
|---|---|------------------------------|--------------|---|
| PRE HOLDINGS SWFL LLC (Must end with the words "Limit | ted Liability Company, "L.L.C.," or "LLC.") | _ | | |
| ARTICLE II - Address: The mailing address and street address of the principa | il office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 709 Cape Coral Pkwy W Cape Coral, FL 33914 | 709 Cape Coral Pkwy W Cape Coral, FL 33914 | _ | | |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register | wn Registered Agent. You must designate an indiation.) | ividual or | 2015 | |
| Lawrence Swan Na | me | 174 | APR | Π |
| 709 Cape Coral Pkwy W Florida street address (P.O. E | Box NOT acceptable) | | -7 M | |
| Cape Coral | FL 33914 | | | |
| City | Zip | | 5 | |
| Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Ch | cept the appointment as registered agent and agree ons of all statutes relating to the proper and comple | e to act in t ete perform | this ance | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| AMBR | Amichai Pery |
| AMBIX | 709 Cape Coral Pkwy W |
| | Cape Coral, FL 33914 |
| | Cape Corai, 1 E COO 14 |
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| (Use attachment if necessary) | ing: (OPTIONAL) |
| ective date is listed, the date must be specific of filing.) | and cannot be more than five business days prior to or 9 |
| EXT Other and deliver if any | |
| • | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 | of an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the | of an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State |
| Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio | of an authorized representative of a member of a member of the control of the penalties of perjury that the facts stated herein an authorized in a document to the Department of the Department |

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Filing Fees: