## U50012589

\_\_\_(Requestor's Name) 4007 N. Tavarerro Are STE B TAMPA FL 33603 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status\_ Special Instructions to Filing Officer:

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SEGRETARY OF STATE

JUL 27 2015

R. WHITE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			FILED	
1				_	či (*
Premier Real Estate So	had of Tampa IIC			15 JUL 20 AM 6:	
(Must end w	th the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.") :	peunt lânt ur Sp	Řιε
			:1	ALLAHASSEE, FLO	RIDA
ARTICLE II - Address: The mailing address and street add	lress of the principal o	ffice of the Limite	ed Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Ac	<u>ldress</u> :	
15351 Amberly Dr.			351 Amberly Dr.	·	
Tampa, FL 33647		<u></u>	mpa, FL 33647		
	<del>-</del> -			<del></del>	
ARTICLE III - Registered Agen					
(The Limited Liability Company c another business entity with an ac			t. You must designate an	individual or	
another business entity with an ac	tive Florida registratio	)(I. <i>)</i>			
The name and the Florida street ac	ldress of the registered	l agent are:			
	Stephen K. Hachey				
		Name		•	
	15351 Amberly Dr.				
	Florida street addres	s (P.O. Box NOT	acceptable)		
	Tampa	FL_	33647		
	City	State	Zip		
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the app visions of all statutes r gations of my position	ointment as regist elating to the prop as registered age	ered agent and agree to o er and complete perform	act in this capacity. I nance of my duties, and l	,
		(CONTINUEL	<b>)</b> )		

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<u> </u>	Name and Address:
'AMBR" = Authorized Membe	•
'MGR" = Manager	CTEDUEN UACHEV
AMBR	STEPHEN HACHEY  15351 Amberly Dr.
	Tampa, FL 33647
	Tumpu, 1 5 33047
AMBR	SHAUNA HACHEY
	15351 Amberly Dr.
	Tampa, FL 33647
V: Effective date, if other than trive date is listed, the date mutiling.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date mi f filing.) the date inserted in this block d nent's effective date on the Dep E VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not eartment of State's records.
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CV: Effective date, if other than extive date is listed, the date multipling.) the date inserted in this block disent's effective date on the Department's e	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.

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