L15000/32642

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T. SCOTT



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08/03/15--01010--024 **125.00

15 AUG -3 AH 9: 00

COVER LETTER

Division of Corporations
SUBJECT: Prestigious Prime Properties LLC
Name of Limited Liability Company
The englaced Articles of Open institut and frac(s) are submitted for filing
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Chase
Name of Person
Firm/Company
1717 Carvelle Drive
Address
Riviera Beach, FL 33404
City/State and Zip Code
rwchoice@msn.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dishard Chara
Richard Chase at (321) 961-110 Name of Person Area Code Daytime Telephone Number
Name of Felson Area Code Daytime Felephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLESOF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Prestigious Prime Properties LLC	
(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")
RTICLE II - Address	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
THIS POLICE AND COLOR	in anning Adult Cas
1717 Carvelle Drive	1717 Carvelle Drive
Riviera Beach, FL 33404	Riviera Beach, FL 33404
Riviera Beach, 172 33-10-1	

Nicholas Chase

Name

The name and the Florida street address of the registered agent are:

7591 Pine Lottes Blud
Florida street address (P.O. Box NOT acceptable)

Part St. Luce FL 34952

State

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 agge 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)

Page1 of 2

5 AUG -3 AH 9:00

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Richard Chase
AMBR	
	1717 Carvelle Drive
	Riviera Beach, FL 33404
AMBR	Richard W. Chase
	3915 Mangrove Place
	Grant, FL 32949
<u> </u>	
(Use attachment if necessary) CLEV: Effective date, if other than	the date of filing: (OPTIONAL)
CLEV: Effective date, if other than affective date is listed, the date muse of filling.)	it be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than a fective date is listed, the date must e of filing.) If the date inserted in this block do	it be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than a feetive date is listed, the date must e of filling.) If the date inserted in this block document's effective date on the Department of	it be specific and cannot be more than five business days prior to or 90 days es not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than a fective date is listed, the date must e of filling.) If the date inserted in this block do cument's effective date on the Department of the Department o	es not meet the applicable statutory filing requirements, this date will not be listrement of State's records.
FLE V: Effective date, if other than a feetive date is listed, the date must e of filling.) If the date inserted in this block do cument's effective date on the Department's effective date on the Department's date on the Department's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be listrement of State's records. Class of a member or an authorized representative of a member. sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State
flective date is listed, the date must e of filling.) If the date inserted in this block do nument's effective date on the Department's effective date on t	es not meet the applicable statutory filing requirements, this date will not be listrement of State's records. Class of a member or an authorized representative of a member. Se executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

ARTICLE IV-