

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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**FLORIDA LIMITED LIABILITY CO.  
PRIME TO GO, LLC**

Certificate of Status	1
Certified Copy	1
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**COVER LETTER**

**TO: REGISTRATION SECTION  
DIVISION OF CORPORATION**

**SUBJECT: NEW FILING**

**The enclosed Articles of Organization and Fees(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**Jonathan D. Beloff, Esq.  
1691 Michigan Avenue  
Suite 360  
Miami Beach, Florida 33139  
Telephone: 305-673-1101**

**Email Address: sherry@belofflaw.com**

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**ARTICLES OF ORGANIZATION  
FOR  
PRIME TO GO, LLC  
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: **PRIME TO GO, LLC**

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: **MYLES CHEFETZ, 157 COLLINS AVE., MIAMI BEACH, FL 33139**

**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

**MYLES CHEFETZ, 157 COLLINS AVE., MIAMI BEACH, FL 33139**

Having been named as registered agent and to accept service of process for the above state limited liability company in the place designated in this certificate. I hereby accept the appointment as registered agent and agree to not 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.

  
\_\_\_\_\_  
**MYLES CHEFETZ, Registered Agent**

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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

TITLE:

NAME AND ADDRESS:

Authorized Member

MYLES CHEFETZ,  
157 COLLINS AVE.,  
MIAMI BEACH, FL 33139

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

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
MYLES CHEFETZ, Authorized Member

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)*

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