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To: Division of Corporations Fax Number : (850)617-6381 Account Name : BELOFF LAW, P.A. Account Number : 120080000060 Phone : (305)673-1101 26 Fax Number : (305)673-5505 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 5 Email Address:

FLORIDA LIMITED LIABILITY CO. PRIME TO GO, LLC

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S. GILBERT

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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:

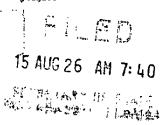
Jonathan D. Beloff, Esq. 1691 Michigan Avenue Suite 360 Miami Beach, Florida 33139 Telephone: 305-673-1101

Email Address:

sherry@belofflaw.com

\$160.00 Filing Fee Certificate Status & Certified Copy ///YY4 = 0.1

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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 IL- 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

Flaving 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 is registered agent and agree to so in this capacity. I further agree to comply with the provisions of all statutes refering 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.

MYNES/CHEFETZ, Registered Agent

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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:

Authorized Member

(In accordance with Section 605.0203 (1)(b), Florida Stante, the execution of this document constitutes an affirmation under the penalities of perjury that the facts stuted 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 \$817.155,F.S.)