L15000/6/656

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE 09/14/15

~ 09/03/15

COVER LETTER

	vision of Corporations
SUBJECT	Prime Paralegal Services LLC
SOBBLET	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Brandon Meeks
	Name of Person
	Prime Paralegal Services LLC
	Firm/Company
	6324 Raleigh Street #712
	Address
	Orlando/FL 32835
	City/State and Zip Code
t -	orndnınks@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Brandon Meeks 407 325-1912
•	Name of Person Area Code Daytime Telephone Number
David to	
	a check for the following amount:
]\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Prime Paralegal Service	ces LLC		
(Must end w	ith the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limi	ted Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
6324 Raleigh Street #7	712	6	324 Raleigh Street #712
Orlando, FL 32835			rlando, FL 32835
another business entity with an ac	annot serve as its own tive Florida registration	Registered Agen	gent's Signature: nt. You must designate an individual or
The name and the Florida street ac	ddress of the registered	l agent are:	
	Brandon Meeks		
		Name	3 · · · · · · · · · · · · · · · · · · ·
	6324 Raleigh Street #	¥712	
	Florida street addres	s (P.O. Box <u>NO</u>	[acceptable)
	Orlando	FL	32835
	City	State	Zip

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 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Brandon Meeks
	6324 Raleigh Street #712
	Orlando, FL 32835
	5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
(Has attackment if a second)	
effective date is listed, the date must te of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be listment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lis
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CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	be specific and cannot be more than five business days prior to or 90 days and meet the applicable statutory filing requirements, this date will not be list ment of State's records. A member or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is early as the company of the co	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records.

Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)

Brandon Meeks

ARTICLE IV-

d as