Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: Il9990000242 : (215)563-8113 Phone Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. PRVN GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE	ES OF ORGANIZATION FOR	RFLORIDA LIMITI	ED LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Lin	ability Company is:		
PRVN GROUP	uc.		
	end with the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal	office of the Limit	ed Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
11512 Citra Circ	ile, Unit 302	11	512 Citra Circle, Unit 302
Windermere, FL ARTICLE III - Registered	Agent, Registered Office,	& Registered Ag	
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Windermere, FL ARTICLE III - Registered	Agent, Registered Office, pany cannot serve as its own an active Florida registrative address of the registere Benjamin Simmons 11512 Citra Circle, 1	& Registered Agent on Registered Agent on.) d agent are: Name	ent's Signature: You must designate an Individual or

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	Tital		None and Address.	
	<u>Title;</u> "AMBR" = Author	ized Maniher	Name and Address:	
	"MGR" = Manager			
	AMBR	•	Benjamin Simmons	
			11512 Citra Circle, Unit 302	
			Windermere, FL 34786	
		· · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if r	necessary)		
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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)