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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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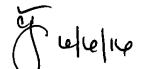
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COVER LETTER 7

	egistration Section ivision of Corporations		
SUBJECT	: Premier Enterpri	Ses Group, LLC mited Liability Company	
The enclos	ed Articles of Organization and fee(s) a	re submitted for filing.	
Please retu	rn all correspondence concerning this n	natter to the following:	
	Madison F	Name of Person	
		Name of Person	
	Veil Lega	Firm/Company	
		Firm/Company	
	10421 S. Jordan Gt	wg, Ste. 600	
	South Jordan	n, UT, 84095 City/State and Zip Code Veil.com	
	Van en (alca)	City/State and Zip Code	
-		d for future annual report notification)	
For further in	nformation concerning this matter, pleas	se call:	
		888 727 - 7387	
	Name of Person A	Area Code Daytime Telephone Numb	er
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, rtificate of Status & tified Copy ional copy is enclosed)
چيار	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	16 MAY 31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA	ANY
ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	16 MAY 31 PH 4: 29
Premier Enterprises Group, LLC	STORETARY OF STATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC	(2) The Mind. II, F. Cicliff.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:
Principal Office Address: Mailing	Address:
3030 N. Rocky Point Dr., Stelson 819 Hilltop D Tampa, FL 33607 Brandon, FL	7ive 33511

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

REGISTER	ED AGENTS IN	1C.
	Name	
	cky Point Dr.,	
Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
Tampa	, FL 33607	
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..

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	The same of the same of
MGR	Thomas E. Hicks Sr. 819 Hilltop Drive
	Brandon, FL 33511
MGR	Sylvia A. Holladay
•	819 Hilltop Drive Brandon, FL 33511
	, , , , , , , , , , , , , , , , , , , ,
	*
Use attachment if necessary)	
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