

06/08/20

16:55 Beloff Parker Jac

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P.001/004

Division of Corporations

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**Florida Department of State
Division of Corporations
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Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
PRIME PRIVATE, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
PRIME PRIVATE, 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 PRIVATE, 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 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.



MYLES CHEFETZ, Registered Agent

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DIVISION OF CORPORATIONS
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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:

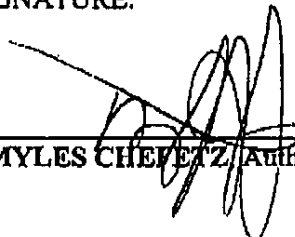
Authorized Member

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 817.135, F.S.)

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STATE DEPT OF STATE
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