

JUL-06-2016 16:34

Division of Corporations

L160001-25056 P.01

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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

Email Address: stephsparker@gmail.com

Wile- 47128

FLORIDA LIMITED LIABILITY CO.
Priss and Pomp, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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7/7/16

H16000161762 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Priss and Pomp, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:2910 Fairway LaneBowling Green, FL 33834Mailing Address:2910 Fairway LaneBowling Green, FL 33834

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:

Stephanie S. Parker

Name

2910 Fairway LaneFlorida street address (P.O. Box ~~NOT~~ acceptable)Bowling Green FL 33834

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -6 AM 11:50

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.

Stephanie S. Parker

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H16000161762 3

H16000161762 3

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**

Stephanie S. Parker
2910 Fairway Lane
Bowling Green, Florida 33834

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**Stephanie S. Parker

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
 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 s.817.155, F.S.

Stephanie S. Parker

Typed or printed name of signer

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)

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 TALLAHASSEE FLORIDA

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