L16000221169

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(Cit	ty/State/Zip/Phone	e #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

16 BEC -2 AHH 26

November 18, 2016

KIM SPADAVECCHIA PRESTIGE INVESTMENTS, LLC 1713 BAYSHORE DRIVE FORT PIERCE, FL 34949

SUBJECT: PRESTIGE INVESTMENTS, LLC

Ref. Number: W16000078020

We have received your document for PRESTIGE INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L08000087542.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 716A00024817

16 DEC -2 PM 8: 37
SECRETANY OF STATE
TALL ANASSES STATE

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	PRESPICE INVESTMENTS, ELC	Boca Investments LLC
oobsect.	Name of Lin	nited Liability Company
The enclose	ed Articles of Organization and fee(s) are	e submitted for filing.
Please retur	n all correspondence concerning this ma	atter to the following:
	KIM SPADAVECCHIA	
		Name of Person
	PRESTIGE INVESTMENTS, LLC	Boca Investments LLC
		Firm/Company
	1713 BAYSHORE DRIVE	
		Address
	FORT PIERCE, FL 34949	
ï	C Kims 184@comcast.net	City/State and Zip Code
_	E-mail address: (to be used	for future annual report notification)
For further in	formation concerning this matter, please	e call:
	Kim Spadavecchia 56	61 441-4355
•		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	<u>-</u>	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabil	lity Company is:			
PRISHEE IN A	TATEMEN LEC	Boca	Investments	LLC
(Must end	d with the words "Lin		npany, "L.L.C.," or "LLC."	
ARTICLE II - Address:				
The mailing address and street	address of the princip	oal office of the Li	mited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing A	<u>idress</u> :
1713 BAYSHORE	DRIVE		1713 BAYSHORE DRIVI	3
FORT PIERCE, FL	. 34949	······································	FORT PIERCE, FL 34949	
ARTICLE III - Registered A	gent, Registered Off	ice, & Registered	Agent's Signature:	
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	ny cannot serve as its on active Florida registr	own Registered Agration.)		individual or
The Limited Liability Companion ther business entity with an	ny cannot serve as its on active Florida registr	own Registered Agration.) tered agent are:		individual or
The Limited Liability Companion ther business entity with an	ny cannot serve as its on active Florida registrate address of the registrate.	own Registered Agration.) tered agent are:		individual or
The Limited Liability Companion ther business entity with an	ny cannot serve as its on active Florida registrate address of the registrate.	own Registered Agration.) tered agent are: CCHIA Name		individual or
The Limited Liability Companion ther business entity with an	ny cannot serve as its on active Florida registret address of the registret ALM SPADAVEOR 1713 BAYSHOR	own Registered Agration.) tered agent are: CCHIA Name	gent. 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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

DEC -2 PM 8:

ES	KIM SPADAVECCHIA 1713 BAYSHORE DRIVE FORT PIERCE, FL34949	
se attachment if necessary)		
COUIRED SIGNATURE:		
Signature of a member This document is executed in I am aware that any false info	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida State ormation submitted in a document to the Department of State or as provided for in s.817.155, F.S.	
Signature of a member This document is executed in I am aware that any false info	n accordance with section 605.0203 (1) (b), Florida Stat ormation submitted in a document to the Department of sony as provided for in s.817.155, F.S.	
Signature of a member This document is executed in a marker that any false information constitutes a third degree felocity. KIM SPADAVECCH	n accordance with section 605.0203 (1) (b), Florida Stat ormation submitted in a document to the Department of sony as provided for in s.817.155, F.S.	
Signature of a member This document is executed in I am aware that any false info constitutes a third degree felo KIM SPADAVECCH	n accordance with section 605.0203 (1) (b), Florida Statement on submitted in a document to the Department of sony as provided for in s.817.155, F.S. IIA yped or printed name of signee Filing Fees:	State
Signature of a member of a mem	n accordance with section 605.0203 (1) (b), Florida State ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.	State 16
Signature of a member This document is executed in I am aware that any false info constitutes a third degree felo KIM SPADAVECCH	n accordance with section 605.0203 (1) (b), Florida Statement on submitted in a document to the Department of sony as provided for in s.817.155, F.S. IIA yped or printed name of signee Filing Fees:	State
Signature of a member of a mem	n accordance with section 605.0203 (1) ormation submitted in a document to the only as provided for in s.817.155, F.S. IIA yped or printed name of signee Filing Fees:	(b), Florida State Department of