

# L18000037470

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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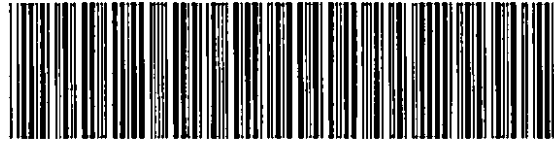
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(Business Entity Name)

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(Document Number)

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N CULLIGAN

FEB 13 2018

TO: New Filing Section  
Division of Corporations

SUBJECT: PRIMICIA, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH PEREZ  
Name of Person

PRIMICIA, LLC  
Firm/Company

3140 BOGGY TERRACE DRIVE  
Address

KISSIMMEE FL 34744  
City/State and Zip Code

WENDIE.NICHOLSON@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDIE NICHOLSON at (407) 348-0559  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 FEB 12 PM 1:00

TAJ AMOS, ESQ.  
CLERK

February 1, 2018

JOSEPH PEREZ  
3140 BOGGY TERRACE DRIVE  
KISSIMMEE, FL 34744

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

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document was received on 01/30/18.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 918A00002198

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
PRIMICIA, LLC

**FILED**  
**18 FEB 12 PM 4:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned for the purpose of forming a Limited Liability Company do hereby adopt the following Articles of Organization.

ARTICLE 1

NAME

The name of the Limited Liability Company is: PRIMICIA, LLC

ARTICLE II

ADDRESS

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

3140 Boggy Terrace Drive, Kissimmee, Florida 34744

ARTICLE III

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Office of the Limited Liability Company is

3140 Boggy Terrace Drive, Kissimmee, Florida 34744 and the name of its initial Registered Agent at that address is WENDIE D. NICHOLSON.

ARTICLE IV

INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors is two (2). The name and address of each initial Director of the Limited Liability Company is as follows:

JOSEPH PEREZ, 3140 Boggy Terrace Drive, Kissimmee, Florida 34744

DANIEL PEREZ, 3140 Boggy Terrace Drive, Kissimmee, Florida 34744

ARTICLE V

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

Title	Name and Address
AMBR	JOSEPH PEREZ, 3140 Boggy Terrace Drive, Kissimmee, Florida 34744
AMBR	DANIEL PEREZ, 3140 Boggy Terrace Drive, Kissimmee, Florida 34744

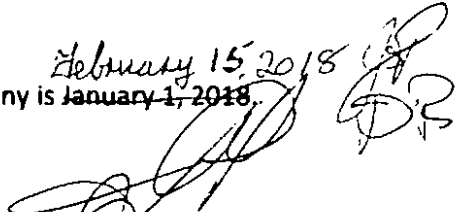
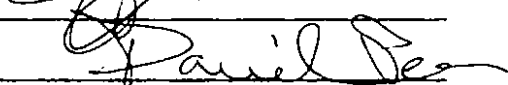
MGR

WENDIE D. NICHOLSON, 3140 Boggy Terrace Drive, Kissimmee, Florida 34744

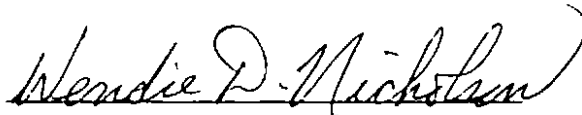
ARTICLE VI

EFFECTIVE DATE

The effective date of filing this Limited Liability Company is ~~January 1, 2018~~ <sup>February 15, 2018</sup>

  
\_\_\_\_\_  
  
\_\_\_\_\_

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.*

  
\_\_\_\_\_

REGISTERED AGENT

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TALLAHASSEE, FLORIDA