## 190002299

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	<del>f)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	*)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates o	of Status
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2019 AUG 23 AM 8: 07 SECTIONALY SEE, EL

## **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJE	PREMIER REAL ESTATE TEA	M		
20016		Limited Liabili	ty Company	<del></del>
The enc	closed Articles of Organization and fee(s	) are submitted	for filing.	
Please r	return all correspondence concerning this	s matter to the f	ollowing:	
	Elizabeth Biswurm			
	<del></del>	Name of	Person	
		Firm/Co	mpany	
	7112 Sugar Magnolia Cir.			
		Addre	ess	
	Naples, FL 34109			
	lizbiswurm@gmail.com	City/State and	d Zip Code	
	E-mail address: (to be u	sed for future a	nnual report notification	on)
For furthe	ner information concerning this matter, pl	ease call:		
	liz biswurm	239	370-0312	
	Name of Person	Area Code	Daytime Telephone	Number
Enclose	ed is a check for the following amount:			
<b>]\$1</b> 25.00	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabili	ity Company is:	or Re	al Estate	Brokers, L
PR <del>EMIER REAL ESTA</del>	. ^	- f		
		Liability Con	ppany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	iddress of the principal of	office of the L	imited Liability Company is	:
Princij	oal Office Address:		Mailing A	ddress:
Elizabeth Biswurm			7112 Sugar Magnolia Cir., Na	oles. FL 34109
The Limited Liability Compan nother business entity with an The name and the Florida street	active Florida registrati	on.)		_
		Name		-
	7112 Sugar Magnolia C	Cir.		
	Florida street addre	ss (P.O. Box	NOT acceptable)	-
	Naples	FL	34109	_
	City	State	Zip	
aving been named as registered ace designated in this certificate rther agree to comply with the p in familiar with and accept the o	e, I hereby accept the apporovisions of all statutes i	pointment as r relating to the n as registered	egistered agent and agree to proper and complete perfort	act in this capacity. I nance of my duties, and I
		(CONTIN	UED)	

PILED 2019 AUG 23 AM 8: 07 SEÇREJAKY DE STATE

Title: "MMR" = Manager  "MGR" = Manager  [Eizabeth Biswurm  7112 Sugar Magnola Cir  Naples, FL 34109  [OPTIONAL]  (OPTIONAL)  effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed becoment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Elizabeth Biswum  Typed or printed name of signee	motal as	Name and Address:
"MGR" = Manager    Elizabeth Biswurm	"AMBR" = Authorized Memb	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a tet of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed out of the comment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)