## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000074372 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email	Address:		

## FLORIDA LIMITED LIABILITY CO. PREMIER VECTOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ne name of the Limited Liability Company is:		
PREMIER VECTOR LLC		
(Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
TICLE II - Address:		
e mailing address and street address of the principal office of	the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
242 E 37 ST		
HIALEAH, FL 33013	SAME	
TICLE III Registered Agent, Registered Office, & Regi	stered Agent's Signature:	
e Limited Liability Company cannot serve as its own Registe ther, business entity with an active Florida registration.)		<u> </u>
name and the Florida Street address of the registered agent a	re!	11115
SALVADOR BRAVO		20.2
Name		٠, ٦

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.

Florida street address (P.O. Box NOT acceptable)

State

HIALEAH

City

Registered Agent's Signature (REQUIRED)

33013

Zip

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SALVADOR BRAVO
	242 E 37 ST HAILEAH, FL 33013
AMDR	OLDANIA BRAVO 242 E 37 ST
	HIALEAH, FL 33013
ective date is listed, the date must be sp of filing.)	e of filing:
E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	J.D.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section 115

\$ 5.00 Certificate of Status (Optional)