

L210 0006 4257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

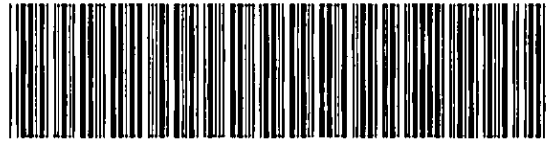
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
FEB 16 2021

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PARKER PRESTIGE 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:

JAMES ALLEN RANGE II  
Name of Person

PARKER PRESTIGE  
Firm/Company

5528 JOE KING Rd.  
Address

PLANT CITY FL. 33563  
City/State and Zip Code

jamerange28@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES RANGE ( 813 ) 279-4690  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARKER PRESTIGE LLC.

(Must contain 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:

5528 JOE KING RD.  
PLANT CITY FL. 33567

Mailing Address:

1106 E. MARTIN LUTHER KING JR. BLVD  
PLANT CITY FL. 33567

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:

JAMES ALLEN RANIGER II

Name

1106 E. MARTIN LUTHER KING JR. BLVD.

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

PLANT CITY

City

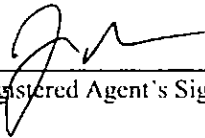
FL.

State

33563

Zip

*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's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

JAMES RANGEL

1106 EAST MARTIN LUTHER KING JR BLVD

PLANT CITY FL. 33563

TIFFANY LOVELACE

1327 WEST REGINA ST.

PLANT CITY FL. 33563

LASHIEKA FURNIAIN

1106 EAST MARTIN LUTHER KING JR. BLVD

PLANT CITY FL 33563

(Use attachment if necessary)

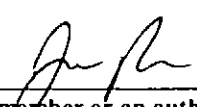
ARTICLE V: Effective date, if other than the date of filing: JAN. 17<sup>TH</sup> 2021 (OPTIONAL)

(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:**

  
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.

\_\_\_\_\_  
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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21 JAN 25 PM 3:52  
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