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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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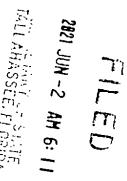
Office Use Only

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To Whom it may Concern

Per your request, enclosed please find the filing form for Articles of Organization for Florida Limited Liability Company signed by me, Julian Ricardo Garzon Trujillo.

Please advise me if you received my money order submitted on March 07, 22021.

Thank you for your prompt attention to this matter

Sincerely,

Julian Ricardo Garzon Trujillo

2021 JUN - 2 PH 12: L9

2021 JUN - 2 AM 6: 11

ST TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations	
PRIMEPLACE LLC SUBJECT:	
	of Limited Liability Company
The enclosed Articles of Organization and fee(s	(s) are submitted for filing.
Please return all correspondence concerning thi	nis matter to the following:
Julian Garzon	
	Name of Person
PRIMEPLACE LLC	
	Firm/Company
820 NW 87th Ave. Apt. 316	
	Address
Miami, FL 33172	
prmplace@gmail.com	City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·	used for future annual report notification)
For further information concerning this matter, pl	·
Julian Garzon	954 5924353 at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fe Certificate of Status	
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

TILED 2021 JUN-2 AM 6: 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PRIMEPLACE 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:

Mailing Address:

820 NW 87th Ave, Apt. 316	820 NW 87th Ave, Apt. 316
Miami, FL 33172	Miami, FL 33172

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.)

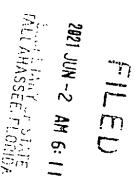
The name and the Florida street address of the registered agent are:

	Name	
820 NW 87th Ave,	Apt. 316	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
	FI.	33172
<u>Miami</u>	- F L-	

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..

JULIAN RICARDO CARZON TRUJILLO
Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Meml "MGR" = Manager	Der eine eine eine eine eine eine eine ei
S	
AMBR	Julian Garzon 820 NW 87th Ave. Apt. 316
	Miami, FL 33172
	Within 1 D.D. 17 E
MDD	A . L M
AMBR	Andres Murcia Calle 3 #71G-06
	Bogota, Colombia 11011
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