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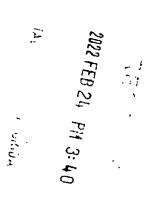
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300382279113





2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	LES, INC
PLEASE USE FUNDS FROM ACCT: AUTHORIZATION SIGNATURE: Prime Tomahawk, LLC Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Organ	nization
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL Country	Statement of Revocation of Dissolution Other

EXAMINER'S INITIALS:____

COVER LETTER

	New Filing Sec Division of Co				
SUBJEC	ar.	MAHAWK, LLC			
SUBJEC		Name	of Limited Li	ability Company	
The enclo	osed Articles of	Organization and fe	e(s) are submi	tted for filing.	
Please re	turn all correspo	ondence concerning	this matter to t	he following:	
	TRACEY J.	FIERRO			
	,		Nam	e of Person	
	ACCOUNT	ING SOLUTIONS F	OR BUSINES	SS, INC.	
			Firm	/Company	
	2451 N. MC	MULLEN BOOTH	ROAD, STE	256	
			A	ddress	
	CLEARWA	TER, FL 33759	<u> </u>		
	DECOACCE	OUNTINGSOLUTI	•	e and Zip Code	
	_			re annual report notifica	ation)
For further	information co	ncerning this matter	, please call:		
	TRACEY J.	FIERRO	727	804-3508	
	Nam	e of Person		e Daytime Telepho	ne Number
Enclosed	is a check for t	he following amoun	:		
	00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & 🗆	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address New Filing Section I	Division
	Divisi	iling Section on of Corporations		The Centre of Talla	hassee
		ox 6327 assee, FL 32314		2415 N. Monroe Str Tallahassee, FL 323	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: PRIME TOMAHAWK, LLC	18,18,022				
(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: Principal Office Address: 2520 N. MCMULLEN BOOTH ROAD SUITE B419 CLEARWATER, FL 33761 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: ACCOUNTING SOLUTIONS FOR BUSINESS. INC. Name 2451 N. MCMULLEN BOOTH ROAD, STE 200 Florida street address (P.O. Box NOT acceptable) CLEARWATER FLORIDA 33759 City State 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 poption as registered agent as provided for in Chapter 605, F.S. ACI CLIA CHAPTER Signature (REQUIRED)		lity Company is:			
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ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:	PRIME IOMAHA (Must co	ntain the words "Limited L	jability Company, "L	.L.C.," or "LLC.")	
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THE 21 AM 10:	place designated in this certification further agree to comply with the	te, I hereby accept the appo provisions of all statutes ret obligations of my position a	intment as registered lating to the proper ar is registered agent as red Agent's Signature	agent and agree to act nd complete performar provided for in Chapte ,	t in this capacity. I nce of my duties, and I nr 605, F.S
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ALFONSO MILANESE 2520 N. MCMULLEN BOOTH ROAD, STE B419 CLEARWATER. FL 33761
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ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days t meet the applicable statutory filing requirements, this date will not be li nt of State's records.
ev
member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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)