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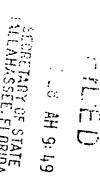
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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04/28/23--01025--007 **125.00



COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Prestige Notary and Paralegal Services 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: |
| Saran Potts Name of Person |
| Prestige Notary and Paralegol Services |
| 7719 BOIAM Ave |
| New Part Richey, F1 34053 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| SOROY POHS at (727) 7100-7598 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| 125.00 Filing Fee Status S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Tallahassee, FL 32314

| ONAL) ior to or 90 days afted date will not be listed |
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)