

Florida Department of State

Division of Corporations
Electronic and Gov. Sheet

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

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

RECEIVED
2024 MAY 16 AM 10:16
DIVISION OF CORPORATIONS
ELECTRONIC AND GOV. SERVICES

FLORIDA LIMITED LIABILITY CO.
PRIMEADVANTAGE HOLDINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PrimeAdvantage Holdings 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:8283 Baymeadows Rd E#2413Jacksonville, FL 32256Mailing Address:8283 Baymeadows Rd E#2413Jacksonville, FL 32256**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:

Capitol Corporate Services, Inc.

Name

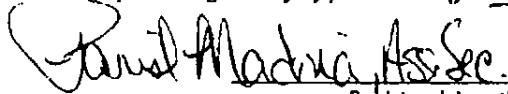
515 East Park Avenue 2nd FlFlorida street address (P.O. Box **NOT** acceptable)Tallahassee FL 32301

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 position as registered agent as provided for in Chapter 605, F.S.

Paul Madonia

Asst. Secretary on

behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

Title:

MGR

Stephen Felts
8283 Baymeadows Rd E, #2413
Jacksonville, FL 32256

John Adamcic
14 Windsor Wood Path
Hudson, WI 54016

Jason Felts
4408 Royal Tern Ct
Jacksonville Beach, FL 32250

REQUIRED SIGNATURE:

Stephen Felts

\$ 5.00 Certificate of Status (Optional)

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