

124000 233026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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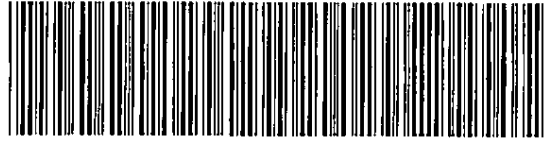
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 125.-

AUTHORIZATION SIGNATURE: *[Signature]*

Prime Versatile LLC

BUSINESS ( Name)

Document #

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☐ Pick up time ☐

☐ Mail out

☐ Will wait

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☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ CORP  
☐ LLLP  
☐ INC

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name Cancel  
☐ APOSTIL ( )                       
Country

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Limited Partnership  
☐ Dissolution/\_ Reinstatement/Revocation  
☐ Trademark  
☐ Other

EXAMINER'S INITIALS:                     

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TALLAHASSEE, FL

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TALLAHASSEE, FL 32309  
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PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 125.

AUTHORIZATION SIGNATURE: 

Prime Versatile LLC  
BUSINESS ( Name)

Document #

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Walk in               | <input type="checkbox"/> Pick up time |
| <input type="checkbox"/> Mail out              | <input type="checkbox"/> Will wait    |
| <input type="checkbox"/> Photocopy             |                                       |
| <input type="checkbox"/> Certified Copy        |                                       |
| <input type="checkbox"/> Certificate of Status |                                       |

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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PRIME VERSATILE 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:

HAMZEH AYOUB

Name of Person

Firm/Company

5113 WHITE CHICORY DR

Address

APOLLO BEACH FL 33572-3544

City/State and Zip Code

primeversatile2024@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAMZEH AYOUB

813

900-0878

at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIME VERSATILE 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:

5113 WHITE CHICORY DR  
APOLLO BEACH FL 33572-3544

Mailing Address:

5113 WHITE CHICORY DR  
APOLLO BEACH FL 33572-3544

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:

HAMZEH AYOUB

Name

5113 WHITE CHICORY DR

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


APOLLO BEACH FL 33572

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

  
Hamzeh Ayoub (May 29, 2024 15:23 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMM AHSSEC, FL

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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:**

AMBR

HAMZEH AYOUB  
5113 WHITE CHICORY DR  
APOLLO BEACH FL 33572-3544

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

  
Hamzeh Ayoub (May 29, 2024 15:23 EDT)

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.

HAMZEH AYOUB

Typed or printed name of signee

**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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