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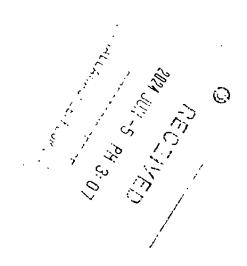
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WAIT MAIL
Business Entity Name)
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Certificates of Status
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800 342-8062 + Fax (850) 222-1222

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PRISM CORE L	LC	
Please Debit FCA	A000000003 For: 125	
Thank you Seth !	Neelev	
Activity		Arr of Inc. File
//		LTD Partnership File
		Foreign Corp. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation S
		Dissolution / Withdrawal S
		Annual Report / Reinstatement (7)
		Cert. Copy
		Certificate of Good Standing
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		Corp Record Search
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Signature		Fictitious Owner Search
		Vehicle Search
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Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk In	Will Pick Lin	Comier

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	PRISM CORE LLC	
	Name of Limited Liability Company	
The enc	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	M. VINCENT PAZIENZA, ESQ.	
	Name of Person	
	LAW FIRM OF M. VINCENT PAZIENZA, P.A. (PAZLAW)	
	Firm/Company	
	23110 SR-54, #277	
	Address	. ~
	LUTZ, FL 33549	024 JI
	City/State and Zip Code VINCENT@PAZLAW.COM: STACEY@4RIDEZ.COM	<u> </u>
	E-mail address: (to be used for future annual report	notification)
For furthe	er information concerning this matter, please call:	9
	M. VINCENT PAZIENZA, ESQ. 813 949-959	95 Pi 3
		Felephone Number
Enclose	d is a check for the following amount:	
≘\$125	.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fe Certificate of Status Certified Copy (additional copy is enc	Certificate of Status &
	Division of Corporations The Centre of	ess ection Division of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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<u> </u>	n D
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Company, "L. L.C.," or "LLC.")
ne Limited Liability Company is: Mailing Address:
23110 SR-54, #277
LUTZ, FL 33549

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

Name	
ss (P.O. Box <u>NOT</u> ac	rceptable)
FL.	33549
State	Zip
	FL.

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., 2010.

/S/ M. VINCENT PAZIENZA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>		Name and Addres	<u>.5:</u>		
"AMBR" = A "MGR" = M	Authorized Member				
	anager	PAGE 4 779 N. 1 1 177			
MGR		FTM TRUST 23110 SR-54, #277			
		LUTZ, FL 33549			
					
					
			· 		
(Use attachn	nent if necessary)				
ARTICLE V: Effective	ve date, if other than the date	of filing:	(OPTI	IONAL)	
	listed, the date must be spe	cific and cannot be more th	an five business days p	prior to or 90 day	safter
the date of filing.)	ur i di tara Sella Indonesia di Lucia da 1888.	neet the applicable statutory t	filing eaglicamants this	e data will not be	lietad ne
	ried in this block does not tr ive date on the Department (nning requirements, this	s date will not be	nsted as
the document's effect	ive date on the Department	or state s records.		2	
ARTICLE VI: Other p	provisions, it any.			124	
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FEIN: 99-0675940		<u></u>		<u></u>	_
				<u>工。</u>	
				مار	<u> </u>
REOUREI	SIGNATURE:			AH AH	. 6 A
	/S/ M. VINCE	NT PAZIENZA		<u>ب</u> ب	
	Signature of a me	mber or an authorized rep	resentative of a memb	mr	
	This document is execut	ed in accordance with section	n 605,0203 (1) (b), Flor	rida Stānītes:	
	I am aware that any false	information submitted in a c	locument to the Departi	ment of State	
	constitutes a third degree	felony as provided for in s.8	R17.155, F.S.		
	M. VINCENT PA	A ZUENIZA			
	3/1. V 1/NG/L/N 1 1/2	Typed or printed name of s	signce	_	
		1 ypea or printed name or s	aguce		

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)