LZ40W287835

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

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953

ORDER FORM

TO Florida Department of State **FROM** Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

850.656.7953

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 06/26/2024

PRIORITY Routine

OUR REF # (Order ID#) Jacob

ORDER ENTITY

Powerline South Holdings, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

Powerline South Holdings, LLC

Please file the attached articles of organization.

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



LET - Name:	
ie of the Limited Liability Company is:	
Powerline South Holdings, LLC	
(Must contain the words "Limited Linki	ility Company, "L. L.C.," or "LLC.")
LE II - Address:	
LE II - Address: ling address and street address of the principal office	of the Limited Liability Company is
LE II - Address: ling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is <u>Mailing Address</u>

Florida Prime Acquisitions, LLC

900 NW 6th Street, Seite 201

City

Fort Lauderdale

Name

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

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

2024 JUH 26 Fil 9: 47

Having been named as registered agent and to accept service of process for the above stated limited liability company of illoplace designated in this certificate. Thereby accept the application as registered agent and agree to sect in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of mediates, and I am familiar with and accept the obligations of my positionals registered agent as provided for in Chapter 605, F.S.

By Eyal Pereuz Registered Agent's Signature (REQUIRED)

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

Title:	Name and Address:
"AMBR" - Authorized Member	
"MGR" – Manager	
MGR	Florida Prime Acquismons, LLC 900 NW 6th Street, Suite 201 Fort Lauderdale, Florida 33311
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	2024
	2024 JUH 26 AH
(Use attachment if necessary)	·,, on
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an effective date is listed, the date must be a date of filing.)	the of filing:
TICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	
Signature of a t This document is exec I am aware that any fal	memfler or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in 8.817.155, i. S.

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)