(R	equestor's Name)			
(AA	ddress)				
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN NOV 16 2010 **EXAMINER**

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Premium So	uthern, LLC.
(Name of I	Limited Liability Company)
	Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please return all correspondence concerning th	is matter to the following:
Mike Baron A	
	(Name of Ferson)
Premium Sou	them == =
	(Firm/Company)
19649 Hwy 5	59 North SSE IT
,	(Address)
Humble 7	(Address) (Address) FLORIDE (Address)
(City	//State and Zip Code)
For further information concerning this matter,	please call:
Mike Ramon	at (469) 688 1596
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim\$\$\$125.00 \text{ Filing Fee}\$\$\$\$Certificat	e & \$\sumsymbol{\sum}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2010

MIKE BARON PREMIUM SOUTHERN, LLC 19649 HWY 59 NORTH HUMBLE, TX 77338

SUBJECT: PREMIUM SOUTHERN, LLC

Ref. Number: W10000048459



We have received your document for PREMIUM SOUTHERN, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 110A00024429

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Premium Southern, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poleigh Elimited Elability Company, must include Elimited Elability Company, E.E.C., of EEC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Texas, USA (Jurisdiction under the law of which foreign limited liability 3. 20452/44/ (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Mar, 16, 2006 (Date of Organization) 5. Per Ptual (Duration: Year limited liability company will cease to exist or "perpetual")
6 Nov. 1, 2010
(Det. Control of Latino in Planta in Control of Latino in Control of Lat
7. 19649 Hwy 59 North 555 5 F Humble TX 77338
Humble, 1x 77338
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Farzana Patel 25612 Southwood Oaks of, Porter TX 773
Michael Baron 25612 Southwood Oaks Porter TX 7736
Michael Baron 25612 Southwood Vales 18114 In 1736
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Retail-Sales Ladies Accessories
W. T. Co. Beinen
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Michael E. Baron
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name and the Florida street address of the registered agent and office are: Northwest Registered Agent LLC (Name) 2022-2 Raymond Diehl Rd Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee P. 32301	If name unav	<i>Premium Souther</i> vailable, the alternate name to be us			
(Name) 2022-2 Raymond Diehl Rd Florida Street Address (P.O. Box NOT ACCEPTABLE)	2. The name	and the Florida street address of the	he registered	agent and office are:	
(Name) 2022-2 Raymond Diehl Rd Florida Street Address (P.O. Box NOT ACCEPTABLE)					CRE CRE
(Name) 2022-2 Raymond Diehl Rd Florida Street Address (P.O. Box NOT ACCEPTABLE)	Northwest Registered Agent LLC			ASS.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			(Name)		85-<
		2022-2 Raymond Dieh	l Rd		F ST
Tallahassee pu 32301		Florida Street Address	(P.O. Box <u>NO</u>	T ACCEPTABLE)	38 RIDA -
		Tallahassee	FL	32301	
City/State/Zip			City/State/Zip		

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 608, Florida Statutes.

Dan Keen-Manager (Signature)

> Filing Fee for Application \$ 100.00 Designation of Registered Agent \$ 25.00 Certified Copy (optional) \$ 30.00 **Certificate of Status (optional)** 5.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Premium Southern, LLC (file number 800628539), a Domestic Limited Liability Company (LLC), was filed in this office on March 17, 2006.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate CHARLES STUBER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

19126 AQUATIC DRIVÉ

HUMBLE, TX - 77346 USA

Officially and caused to be impressed dereon the bealth of the arms of the in America, Texas on November 1978 8: 38



Hope Andrade Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10268 Document: 338075840004