Note: Please print this page and use it as a cover sheet. Type 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

Page: 1 of 3

: (850)617-6381

From:

Account Name : PREMIER ADVISORY GROUP INC

Account Number : I20200000085 Phone : (305)370-9567 : (305)675-0551 Fax Number

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

Email Address:\_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. THE INSTALLER GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

, atticassor of the state of th	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
THE INSTALLER GROUP LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
·	
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18861 SW 77th Ct	18861 SW 77th Ct
Cutler Bay, FL 33157	Cutler Bay, FL 33157
Cutic Day, 18 33131	Concer Days a to partor
ARTICLE III - Registered Agent, Registered Office, & Re	vistered Avent's Sionature:
(The Limited Liability Company cannot serve as its own Regis	• 5
another business entity with an active Florida registration.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The name and the Florida street address of the registered agen	t are:
CULLERMO ALFONSO	1

 18861 SW 77th Ct

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

 Cutler Bay
 FL
 33157

 Cly
 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 Fis 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 Capter 605, ISS

Registered Agent's Signature ( QDQ) RE f

(CONTINUED)



Page: 3 of 3

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	G.W FR G A. DO 190		
AMBR	GUILLERMO ALFONSO 18861 SW 77th Ct	<del></del>	
	CUTLER BAY, FL 33157		
<del></del>			
***************************************			
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(Also attachment if necessary)			
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