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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FI ORIO

MK 11/27

	INC. 236 East 6th Avenue . Talla		g to (0.50) 000 t	000
`	P.O. Box 37066 (32315-7066) (850) 222	-2666 or (800) 969-1666	6 . Fax (850) 222-1	566 1
	WALK IN	2:06pm	SECRETARY OF SIA	FILE
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abla	CERTIFIED COPY		F S 7	n ·
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* ** 42	
ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY is: imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
	* * * * * * * * * * * * * * * * * * *
	5.00 S
Peck-Manatee, LLC	(0,7)
(Must end with the words "Limited Liability Company, "I	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	,
	e principal office of the Limited Liability Company is:
	- pentolput 0-2200 01 mo 2000000 2000000, 00000p-2, 000
Principal Office Address:	Mailing Address:
c/o David Peck	c/o David Peck
410 Crestview Drive	410 Crestview Drive
Ojai, CA 93023	Ojai, CA 93023
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the Paracorp Incorporated N	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
236 East 6th Avenue	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
Tallahasee	FL 32303
City, Si	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap	d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

"MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	David Peck
	410 Crestview Drive
	Ojai, CA 93023
r*	
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date	must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business d

Page 2 of 2

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Feet: