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SECRETARY OF STATE

K.SALY EXAMINER APR 13 2012

# **COVER LETTER**

TO:

Registration Section

Division of Co	orporations	
SUBJECT: Peace	e Across America	a, LLC
		ted Liability Company
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.
Please return all corresp	oondence concerning this ma	tter to the following:
David P I	Bianchi	
		Name of Person
RTZ Film	Studios, LLC	
		Firm/Company
4442 Gol	den Lake Dr	
		Address
Sarasota, F	FI 34233	
	Ci	ry/State and Zip Code
dpbianchi@		
	E-mail address; (to be used	for future annual report notification)
For further information	concerning this matter, pleas	e call:
David P bianchi		at ( <b>941</b> · ) 704-3131
Name	of Person	at (941 - ) 704-3131  Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Limited Liability Com	LLC	
		nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		of the principal office of the Limited La	iability Company is:
Principal Office	Address:	Mailing Address:	
4442 Golden Lake Sarasota, Fl 3423		4442 Golden Lake Dr Sarasota, Fl 34233	
(The Limited Liability business entity with an	Company cannot serve as its n active Florida registration.)  Florida street address	s of the registered agent are:	s Signature: ridual or another  12 APR 12 AM D: 15  FILED  FILED
	David P Bianch	Name	7000万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万
	4442 Golde		田公 艺
		a street address (P.O. Box NOT acceptable)	92 5 5
	Sarasota	<sub>FL</sub> 34233	The state of the s
		City, State, and Zip	
liability comp registered agent statutes relating	any at the place design and agree to act in thi. g to the proper and con ligations of my positio	nt and to accept service of process for the nated in this certificate, I hereby accept to see capacity. I further agree to comply with mplete performance of my duties, and I among as registered agent as provided for in Comply with the second secon	he appointment as h the provisions of al m familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIC fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
LE V: Effective date, if other than the date of filing:	MGRM	4442 Golden Lake Dr
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:	<del></del>	
LE V: Effective date, if other than the date of filing:	<del></del>	
Fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a prember or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
Signature of a prember or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	(Use attachment if necessary)	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	LE V: Effective date, if other tha	un the date of filing: (OPTION ust be specific and cannot be more than five business da
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David P Bianchi	CLE V: Effective date, if other that ffective date is listed, the date model days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business da
David I Dianom	CLE V: Effective date, if other that ffective date is listed, the date med days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a process of the date of filing and accordance with section constitutes an affirmation I am aware that any false	ust be specific and cannot be more than five business date the specific and cannot be more than five business date the specific and cannot be more than five business date the specific and cannot be more than 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

### 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)