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(Address)

(Address)

(City/State/Zip/Phone #)

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03 MAR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

DATE OF THIS NOTICE: 12-10-2002
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 61-1432794
FORM: SS-4
0232504428 0

FOR ASSISTANCE CALL US AT
1-800-829-1040

PEGGY GOLEMB
23305 N BUCKHILL RD.
HOWEY IN THE HILLS FL 34737

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 61-1432794. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-20

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 E

0232504428

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 12-10-2002
EMPLOYER IDENTIFICATION NUMBER: 61-1432794
FORM: SS-4

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999

PEGGY GOLEMB
23305 N BUCKHILL RD.
HOWEY IN THE HILLS FL 34737

(Cover letter)

March 3-2003

Peggy - Ann Golemo

23305 N. Buckhill Rd.

Howey In The Hills, FL.

34737

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03 MAR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Daytime phone: 407-579-1250

Fax: 352-324-2279

Evening phone: 352-324-3386



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 5, 2003

PEGGY-ANN GOLEMO
23305 N. BUCKHILL RD
HOWEY IN THE HILLS, FL 34737

SUBJECT: PEGGY-ANN GOLEMO, L.L.C.
Ref. Number: W03000006282

We have received your document for PEGGY-ANN GOLEMO, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 703A00013930

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Peggy-Ann Golemo L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

23305 North Buckhill Rd.
Howey In The Hills, Florida 34737

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Peggy-Ann Golemo
Name
23305 North Buckhill Rd.
Florida street address (P.O. Box **NOT** acceptable)
Howey In The Hills FL 34737
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 this 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 Chapter 608, F.S.

Peggy-Ann Golemo
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Peggy-Ann Golemo
Signature of a member 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.)

PEGGY-ANN GOLEMO
Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)