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(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(D	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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W4-51731

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations SUBJECT: PEGGY'S PlanTS PAINT DECORATING LLC
(Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PEGGY L. WATSON
(Name of Person) SAME AS SUBTECT LLC
(Firm/Company) 22421 SW 184 AUENUE (Address) MIAMI FL 33170
(City/State and Zip Code) For further information concerning this matter, please call: at (305) 2 42 - 8277 (Area Code & Daytime Telephone Number)

> STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 FILED

On JI · · 9 FH I: 26

NED WASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		e Limited Lia	ability Company i					
	PEGGY'S	PLANTS	PAINT & C	ECORATING	446	 		
	ARTICLE II - The mailing ad		eet address of the	principal office o	of the Limited	Liability	Company is:	
	Principal Offic	ce Address:		<u>Mail</u>	ing Address:			
	22421	SN 18	Y AVENUE	<u></u>	22421	sw	184 AU	اربخ
	MIAMI	Æ	33170	·	22421 MIAMI	R	33/70	
	ARTICLE III	- Registered	Agent, Register	ed Office, & Re	gistered Agent	t's Signa	ture:	
	The name and t	he Florida st	reet address of the	registered agen	are:			
			PE994 L Nam	WATSON	V			
			Nam	e				
			22421	SW 184	AUENUE			
		Flo	orida street address (F					
			MIAMI	FLORIDA , and Zip	33/70			
			City, State	, and Zip				
			ent and to accept se					
			his certificate, I he					
			agree to comply w ies; an d I am famil					
urm ce			as provided for in			ns of my	E Position as	
	C		1 - (11	11/1/			20 =	
			4/6/11/1	////			S	<u></u> -
			Registered Agen	t'a Signatura				
			/ rugistered rigeri	r a Digitature				

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PE 999 L WATSON 22721 SW 184 AVE. MIAMI FZ 33170
(Use attachment if necessary)	
NOTE: An additional afficie must be	added if an effective date is requested.
REQUIRED SIGNATURE:	Ithorized representative of a member.
(In accordance with section 608. of this document constitutes an at that the facts stated herein are true	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury se.)
	L. WATSON nted name of signee

<u>Filing Fees:</u>
\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)