

LO5000020454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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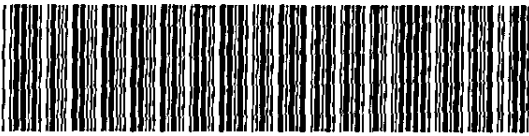
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECOND JUDICIAL CIRCUIT

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peggy Services 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 Cookidge
(Name of Person)

Fantastic Saus
(Firm Name)

2317 Thomas Dr
(Address)

P.O. Box 30408
(City/State and Zip Code)

For further information concerning this matter, please call:

Peggy Cookidge at 850-230-1089
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$150.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

SEVEN
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Peggy's SERVICES LLC,

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2317 Thomas Dr.
PANAMA CITY, BEACH, FL
32408

STATE

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

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

Peggy Coolidge
Name

2317 Thomas Dr.
Florida street address (P.O. Box **NOT** acceptable)

PANAMA CITY, BEACH, FL 32408
City, State, and Zip

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SEAL STATE
TALLAHASSEE, FLORIDA

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 Coolidge
Registered Agent's Signature

(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

Peggy Coolidge
2317 THOMAS DR
MINNEAPOLIS CITY, MN 55405

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Peggy Coolidge
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 Coolidge
Typed or printed name of signer

SECRETARY
TALLAHASSEE, FLORIDA

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Filing Fees:

- \$ 35.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 32.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)