

L05000029354

2005 MAR 23 P 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

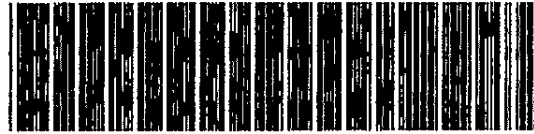
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W05-11759

Office Use Only



100046278561

03/23/05--01047--001 **100.00

02/10/05--01058--001 **25.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED

2005 MAR 23 P 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 7, 2005

JOSIP BOZICH
3480 MERLIN DR.
CLEARWATER, FL 33761

SUBJECT: PERISTIL WORKS AND SALES LLC
Ref. Number: W05000011759

We have received your document for PERISTIL WORKS AND SALES LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 205A00015633

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: PERISTIL WORKS AND SALES LLC
(Name of Limited Liability Company)

2005 MAR 23 P 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSIP BOZICH
(Name of Person)

(Firm/Company)

3480 MERLIN DR
(Address)

CLEARWATER, FL 33761
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSIP BOZICH at (727) 784-6020
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 MAR 23 4 11 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERISTIL WORKS AND SALES LLC

ARTICLE II - Address:

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

Principal Office Address:

3480 MERLIN DR
CLEARWATER
FL 33761

Mailing Address:

3480 MERLIN DR.
CLEARWATER
FL 33761

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

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

JOSIP BOZICH

Name

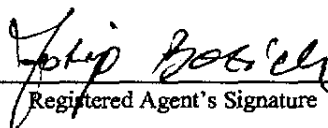
3480 MERLIN DR

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

CLEARWATER FL 33761

City, State, and Zip

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..


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:

FILED

MGR

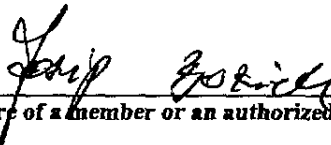
JOSIP BOZICH
3480 MERLIN DR
CLEARWATER, FL 33761

2005 MAR 23 P 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

JOSIP BOZICH

Typed or printed name of signee

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)