

L05000082691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

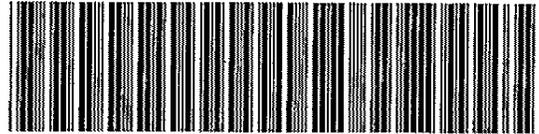
(Document Number)

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[Signature]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PETER POLITIS  
11131 KNOTTY PINE DRIVE  
NEW PORT RICHEY, FL 34654  
727-856-6011

August 18, 2005

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Gentlemen:

Enclosed you will find my application for LLC along with a check in the amount of \$125 for the filing fee.

Sincerely,

  
Peter Politis

SECRETARY OF STATE  
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:

PETER POLITIS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

11131 Knotty Pine Drive  
New Port Richey, FL 34654

**Mailing Address:**

11131 Knotty Pine Drive  
New Port Richey, FL 34654

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

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

Athena M. Politis

Name

11131 Knotty Pine Drive

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

New Port Richey FL 34654

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

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ALAHASSEE FLORIDA

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(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

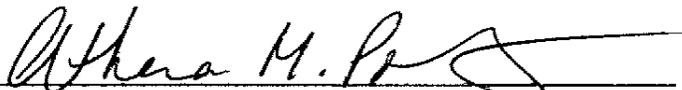
**Name and Address:**

<u>MGR</u>	<u>Peter Politis</u> <u>11131 Knotty Pine Drive</u> <u>New Port Richey, FL 34654</u>
<u>MGRM</u>	<u>Athena M. Politis</u> <u>11131 Knotty Pine Drive</u> <u>New Port Richey, FL 34654</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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.)

Athena M. Politis  
 \_\_\_\_\_  
 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)

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TALLAHASSEE, FLORIDA

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