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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Co					
SURJECT: Robe	rt L. Peterson L	.L.C.			
Sobolici.		d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Robert L	Peterson			 i ä	
	,	Name of Person)		.,	
Robert L	Peterson L.L	.C. Firm/Company)			
1651 M	cMullen Rd	Philip Company)			
		(Address)	Ā	- 05 - 05	₹ _X . =
Largo, Florida, 33771		SH SH			
	(City	/State and Zip Code)		- 9	严
For further information	concerning this matter, please	call:	7 9 9	OF STA	
Robert L. Pe	terson PE	at (727) 581-5	139 [©]	27	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	e e e	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing For Certificate of Status of Certified Copy (additional copy is enclosed)	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Robert L. Peterson L.L.C. (Must end with the words "Limited Liability Company, "Limited Liability Company,"	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Robert L. Peterson L.L.C.	1651 McMullen Rd Largo, Florida, 33771
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are: Ξ_{Σ} 0
Robert L. Peterson PE	
Name	egistered agent are: OSEP -9 FILE
1651 McMullen Rd	P
Florida street add	ress (P.O. Box NOT acceptable)
Largo, Florida, 33771 City, State, a	FL Diff 27 and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited nis certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	Robert L. Peterson PE 1651 McMullen Rd Largo, Florida, 33771	-
		ء جو
(Use attachment if necessary)		
ICLE V: Effective date, if other than the date effective date is listed, the date must be so 90 days after the date of filing.)	specific and cannot be more than five business days pfor	
REQUIRED SIGNATURE:	9 PM 1:	
Signature of a member	2 Alerso or an authorized representative of a member.	
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	

Robert L. Peterson PE

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)