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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT: PETER A. HAINTZ LLC (Name of Linsited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
The MAS A. FABRIS (Name of Person)				
N A (Pirral/Company)				
22 IMPALA COURT				
FORT MYERS F1 33912 (City/State and Zip Code)				
For farther information concerning this matter, please call:				
Thomas a FABRIS at 800 758-2378 (Name of Porton) (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)	(1 \$160.00 Filing Foe, Certificate of Status & Certified Copy (additional copy is enclosed)	
STRE	et address:	MAILING A	DDRESS:	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallabassee, Florida 32399 MAYLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
PETER A. H	LINTZ, 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:
2) IMPALA COURT FT. MYERS, FL., 339/2	22 Impact Court FT MYDRS FT, 339/2
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:
The name and the Florida street address o	f the registered agent are:
THOMAS	A. FABRIS Name
	PALA CT
	reet address (P.O. Box <u>NOT</u> acceptable)

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Mana The name and address of each Manag	aging Member(s): er or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	THOMAS A FABRIS 22 IMPALA CT FT. HYBRS, FI, 339/2
MCKH_	THERESA ONDRESAK 26 River Rd Hinckley, Oh 44233
MGRM	PETER A. HeINTZ 3356 Burkhaven Dr. Richfield Oh 44286
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	old Folks
(In accordance with sect of this document constit that the facts stated be	or an authorized representative of a member, tion 608.408(3), Florida Statutes, the execution uses an affirmation under the penalties of peajury arein are true.) 5 A FABALS ed or printed name of signee
**	

Filing Foor:

\$125.00 Piling For for Articles of Organization and Designation of Registered Agent

3 30.80 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

ARTICLE V-Effective Date

Shown a. Fold

Please make Peter A.Heintz LLC effective October 1, 2005

Thank you,

Thomas A Fabris