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(Requestor's Name)

(Address)

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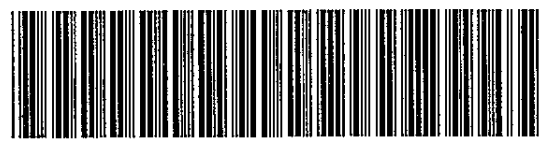
(Business Entity Name)

(Document Number)

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TO: Registration Section  
Division of Corporations

2005 OCT -3 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: Peloubet Mosaics, 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:

Susan Peloubet  
(Name of Person)

Peloubet Mosaics, LLC  
(Firm/Company)

805 South Newport Ave  
(Address)

Tampa, FL 33606  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Peloubet at ( 813 ) 258-8079  
(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)
- \$160.00 Filing Fee, Certificate of Status & 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
FOR  
PELOUBET MOSAICS, LLC

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is: PELOUBET MOSAICS, LLC

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 805 South Newport Avenue, Tampa, Florida 33606

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

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

Susan Peloubet  
805 South Newport Avenue  
Tampa, Florida 33606

Having been named as registered agent and to accept serve 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

Susan Peloubet  
Typed or Printed Name of Registered Agent

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

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

Title:	Name and Address:
MGRM	Susan Peloubet 805 South Newport Avenue Tampa, FL 33606

**ARTICLE V - Effective Date**

The existence of the Limited Liability Company will begin at the date and time when the Article of Organization are filed with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on this the 1st day of October, 2005.

*Susan Peloubet*

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 sated herein are true.

Susan Peloubet, Managing Member

Typed or Printed Name of Signee

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