

L05000122842

(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:

Office Use Only



400062316474

12/28/05--01018--005 **160.00

FILED

05 DEC 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 DEC 28 AM 10:38

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

J. BRYAN DEC 28 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peacock Investment Enterprises
(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:

Rachel Peacock
(Name of Person)

Peacock Investment Enterprises
(Firm/Company)

458 N.W. Marion Street
(Address)

Madison, Florida 32340
(City/State and Zip Code)

FILED
05 DEC 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rachel Peacock at (850) 973-9800
(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 checked="" type="checkbox"/> \$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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Peacock Investment Enterprises, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

458 N.W. Marion
Madison, FL 32340

Mailing Address:

458 N.W. Marion St.
Madison, FL 32340

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bachel Peacock

Name

3125E Ashew Ave

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

Madison, FL 32340

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..

Bachel Peacock

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
DEC 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

Rachel Peacock
212 SE Askew Ave
Madison, FL 32340

MGRM

Mike Peacock
240 SE Stephens Ave
Madison, FL 32340

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/06 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Rachel Peacock
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.)

Rachel Peacock
Typed or printed name of signer

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)

FILED
05 DEC 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA