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COVER LETTER

TO: Registration Division of C			•
SUBJECT:	Penersac	k LLC	
	Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
K	evin Pepers	ack	,
	_		,
i	Pepersack	LLC	
	,	Firm/Company)	v v
<u></u> ,	2441 Eddie R	d.	
I		(Address)	
Tal	lahassee, FL	32308	
	(City	/State and Zip Code)	
For further informatio	n concerning this matter, please	call:	
(Nan	ne of Person)	at () (Area Code & Daytime Telephone N	lumber)
Pauland in a short	Contlos Collos de la contenta		
<u> </u>	for the following amount:	Developring Dec	
	: \$\sum \$130.00 Filing Fee & Certificate of Status	Certified Copy Certifie	
7			ied Copy nal copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	PM 12: E. FLO
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	52 ATE RIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:		Mailing Address:		
2441 Eddie	Rd	- C 1 = 0	- 1,	·-
Tallahassee, F	<u></u>			(s
ARTICLE III - Registere (The Limited Liability Company car business entity with an active Flori	nnot serve as its own Registe			
The name and the Florida s	treet address of the re	egistered agent are:	5 , 50	- 1
	evin S. P.	epersack	_ He	PARTS
24	41 Eddie	ress (P.O. Box NOT acce	ORIU-	TAIR,
	Florida street add	itess (F.O. DOX ITO I acce	piable)	

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..

(CONTINUED) Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-RM	Kevin S. Pepersack 2441 Eddie Rd. Tallahassee, FL 32308
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
CLE V: Effective date, if other than the ceffective date is listed, the date must be	
	date of filing: (OPTIONAL) specific and cannot be more than five business days
effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business days
effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constituted that the facts stated here.	specific and cannot be more than five business days properties of a member of
effective date is listed, the date must be 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constit that the facts stated he	specific and cannot be more than five business days properties of a member of

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: