	_	
(Re	questor's Name)	
(Ad	dress)	
//	(dress)	
(Au	uless)	
(Cit	ty/State/Zip/Phone	= #)
☐ PICK-UP	☐ WAIT	☐ MAIL
		<u></u>
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

L		

Office Use Only



000077645250

07/31/06--01035--011 **160.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Highland County Peace River 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:	
Peter Cusumano (Name of Person)	- .
REIMAX Realty Plus	- -
809 US 27 South	
O I ' El 2207A	, .
Debring IL. 338 10 (City/State and Zip Code)	(]
For further information concerning this matter, please call:	
Peter Cusumano at 863 273-4246 SER SER (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	コ
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	–
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

• • • •	
Highlands County Peace (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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
REIMAX Bealty Plus 809 US 27 South Sebring FL. 33870	REIMAX Realty Plus 309 US 27 South Sebring FL. 33878
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 Peter Cusu Name 3625 Manor Florida street address of the re	Mano Road Road Road Road
Sebring City, State, ar	RL 33875 REF 32
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

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

The name and address of each Ma	mager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgrm	Peter Cusumano 3625 Manor Road Sebang, FL 33875
MGRM	Debra A Williams 4415 Alcantarra Aug Sebring Fl. 338765
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECRETARY OF The state of a member.
(In accordance with of this document of	th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)  Cusuman  Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)