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2006 AUG | U P 2: UT SECRETARY OF STATE VLLAHASSEE, FLORION

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Pety's Holding LLC (Name of Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
' (Name of Limited Line lity Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
John Gabrovic (Name of Person)	
(Name of Person)	
Harmon: Market Development C. (Firm/Company)	ompany LLC
(Firm/Company)	,
324 Cypress Landing Dr.	2000 TALL
(13,200)	£m =
Long wood, FL 32779 (City/State and Zip Code)	TARY ASS
(City/State and Zip Code)	T9 7
For further information concerning this matter, please call:	P 2: 4: OF STATE E, FLORID
Tohn Gabrovic at (407) 702- (Name of Person) (Area Code & Daytime	-3899
(Name of Person) (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:	
\$\sum_{\text{certificate of Status}} \sum_{\text{solutional copy is enclosed}} \text{certified Copy (additional copy is enclosed)}}	S160.00 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:				
Petty's Ho	lding La	10	,		
(Must end with the words "Limited Liability	Company, "Limited	d Company" or their abbreviation	n "LLC," or	"L.C.,")	
ARTICLE II - Address: The mailing address and street ad	dress of the pri	incipal office of the Lim	ited Liab	ility Con	pany is:
Principal Office Address:		Mailing Address:			
601 N-NewYork Ave 324 Cypress Landing Language, FL 3279	svite 203 9 Or.	601 N New! Winter Park	ork Av	e So.	Je203
ARTICLE III - Registered Age: (The Limited Liability Company cannot serve business entity with an active Florida registered)	nt, Registered re as its own Registe	Office, & Registered	agent's S	ignature	;
The name and the Florida street a	ddress of the re	egistered agent are:	₹s	20	
	Name Cypres: Florida street addi	S Landing Dr. ress (P.O. Box NOT accepta	ECRETARY OF ST	7006 AUG 14 P 2:	
Long W	City, State, a	FL 32779 nd Zip	ATE RIDA	2: 47	

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	HARMONI MARKET DEVELOPMENT COMPANY LL 324 Cypress Landing Dr. Longwood, FL 32779
	SE BRETAR SE BRETAR
	CF STATE FLOATER

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Hugust 1, 2006. (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:

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.)

TOHN L. GABROVIC
Typed or printed name of signee

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)