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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	ion of Corporations	•
SUBJECT:	PETER PAPPAS LLC	
	(Name of Limited Liability Company)	
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
G 15	ORGE PETER PAPAT (Name of Person)	
	(Name of Person)	
PET	TER PAPPAS LLC (Firm/Company)	O S
	(Firm/Company)	CRI CAR
יורר.	D DAINLEON CONST	O7 HAY 31 SECRETAN
	DA:WEERRY COURT (Address)	
		To P
ORL	(City/State and Zip Code)	PHI2:39
	(City/State and Zip Code)	- €. 139
For further info	ormation concerning this matter, please call:	
SEURGE 1	PETER PAPPAS at (407) 876-1907 (Name of Person) Area Code & Daytime Telephone N)
	(Name of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is a	check for the following amount:	
🔲 \$125.00 Fil	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	0.00 Filing Fee, cate of Status & ed Copy nal 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

PETER PAPPAS LLC

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
7710 DAWBERRY COURT ORLANDO, FL 32819	0710 DAWBERRY COURT ORLANDS, FL 32819	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registrasses entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another	
The name and the Florida street address of the	e registered agent are:	
GEORGE PETER Nan	PAPPAS LLAR	
Nan	ne HAS	
7710 DAWBERRY	COURT	
Florida street a	address (P.O. Box NOT acceptable)	
CRLANDO FL City, State	address (P.O. Box NOT acceptable) FL 328/9 a, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all 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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing	y Member
MGRM	_
<u> </u>	PETER PAPPAT 77/0 DAWBERRY COURS ORLANDS, FL 32879
	
(Use attachment if nec	essary)
	if other than the date of filing: (OPTIONAL) he date must be specific and cannot be more than five business days prior filing.)
REQUIRED SIGNA	TURE:
	DP to from the second s
Sign	ature of a member or an authorized representative of a member.
of th	ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)
61	Typed or printed name of signee
	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)