L0/A	10084578
(Requestor's Name) (Address)	
(Address)	800108439538
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	08/31/0701015014 **125.00
Certified Copies Certificates of Status	FILED 07 AUG 31 PH 1: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	DIVISION OF CORPORATIONS 2007 AUG 31 AM 11: 56 SUFFICIENCY OF FILING

	CORPORATE "When you need Access to ACCESS,	
	INC. 236 East 6th Avenue . Tallahassee, Flo P.O. Box 37066 (32315-7066) (850) 222-2666 or (8	
	∨ WALK IN	1. C. R. 1. S.
	PICK UP: <u>8/31</u>	TORDE STATE
[]] CERTIFIED COPY	∽
] РНОТОСОРУ	
] CUS	
X	FILING LLC	
	Peyton's Place LLC (CORPORATE NAME AND DOCUMENT #)	
•	(CORPORATE NAME AND DOCUMENT #)	
3.	(CORPORATE NAME AND DOCUMENT #)	
1.	(CORPORATE NAME AND DOCUMENT #)	
5.		
	(CORPORATE NAME AND DOCUMENT #)	
5.	(CORPORATE NAME AND DOCUMENT #)	
SPECIA	IAL INSTRUCTIONS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pevton's Place LLC

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

ARTICLE II - Address:

OTAUG31 PH I: 13 The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

Mailing Address:

13961 Meeres Drive Largo, FL 33764

13981 Meares Drive Largo, FL 33764

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

(The Limited Linbility 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:

Kevin	V McKamey
	Name
<u>13981</u>	Meares Drive
	Florida street address (P.O. Box NOT acceptable)
Largo	_{FL} 13981
	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..

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>

1.5

· · · `~,

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM

Kevin V. McKamey 13981 Meares Drive Largo, FL 33764

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (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.)

<u>REOUIRED</u> SIGNATURE:

Signature of a member or an authorized representative of a member.

(In adoordance 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.)

Kevin V. McKamey

Typed or printed name of signee

Filing Feat:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2