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SLCRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	ion Section f Corporations		
_{SUBJECT:} Ma	k J. Petroff, LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Artic	les of Organization and fee(s) ar	e submitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
Mark P	etroff		
		(Name of Person)	
Mark J	Petroff, LLC		
		(Firm/Company)	
P.O. Bo	ox 1029		27 OC
		(Address)	7 95
Plymou	th, FL 32768		5 P
.	(C	ity/State and Zip Code)	X ON
For further informa	tion concerning this matter, plea	se call:	0F CORPORATIONS
Mark Petrof	f	at (407) 884-541	2
(1	Name of Person)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing F	ee \$\sumsymbol{\sumsymbol{\subsymbol{\sun}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Liab	ility Company is:		
Mark J. Petroff, LLC			
(Must end with the	words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street	address of the princi	pal office of the Limited Lial	bility Company is:
Principal Office Address:	<u>M</u>	ailing Address:	
2273 Reefview Loop	P.	O. Box 1029	
Apopka, FL 32712	Ply	mouth, FL 32768	
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida reference and the Florida street)	serve as its own Registered a egistration.)	Agent. You must designate an individ	ual or another - 5 PH
Mark J. Petroff			FATE WATER
Name			SHC PHO
2273 Re	eefview Loop		
Florida street address (P.O. Box NOT acceptable		(P.O. Box NOT acceptable)	EFFECTIVE DATE
Apopka,	FLFL	32712	10104101
	City, State, and Z	ip	
Having been named as registe liability company at the pla		ot service of process for the a vertificate, I hereby accept the	

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:
MGRM — Managing Member	Mark J. Petroff 2273 Reefview Loop Apopka, FL 32712
	07 OC
	NOF CORPORA
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mu to or 90 days after the date of filing.)	the date of filing: 10/4/07. (OPTIONAL) ast be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	A PAM

Signature of a member of 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.)

J- PETROFF
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)