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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

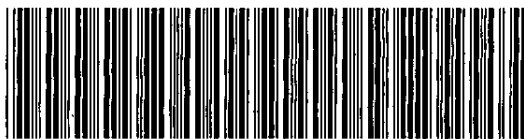
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TALLAHASSEE, FLORIDA

T. CLINE

OCT 22 2008

EXAMINER

*The Law Office of*

**A. Sam Jubran, P.A.**  
**Attorney & Counselor at Law**  
**www.jaxlaw.org**

**Admitted to Practice:**

Florida State Courts  
Federal District Court  
Middle District, Florida

**871 Cassat Avenue**  
**Jacksonville, Florida 32205**

**(904)360-6100**  
**Facsimile (904)360-6111**

October 17, 2008

Registration Section  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

***IN RE: The Peter Group LLC***

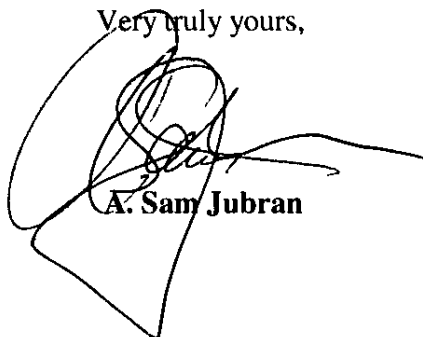
Dear Sir/ Madam:

Please find enclosed the original, and one copy of the articles of organization for Peter Group, LLC and filing fees in the amount \$160.00.

Would you kindly return a certified copy and certificate of status to our office once the documents have been filed.

Should you have any questions, please feel free to call me at anytime.

Very truly yours,



**A. Sam Jubran**

/asj

Enclosure(s)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PETER GROUP, 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:

**A. Sam Jubran, Esq.**

(Name of Person)

**The Law Office of A. Sam Jubran, P.A.**

(Firm/Company)

**871 Cassat Avenue**

(Address)

**Jacksonville, Florida 32205**

(City/State and Zip Code)

For further information concerning this matter, please call:

**A. Sam Jubran, Esq.**

(Name of Person)

at ( **904** ) **360-6100**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$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  
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

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Peter Group, LLC

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

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

7132 Grassy Bay Drive

West Palm Beach, FL 33411

### Mailing Address:

18453 Stoneridge Court

Northville, MI 48168

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

(The Limited Liability 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:

A. Sam Jubran, Esq.

Name

871 Cassat Avenue

Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32205

City, State, and Zip

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*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

P.E.K. Investments, LLC

18453 Stoneridge Court

Northville, MI 48168

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 1, 2008. (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.)

A. Sam Jubran, Esq.

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)**

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