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DESKETALIOUS SIAFE DIVISION OF CORPORATION TALL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Sec Division of Corp			·
SUBJECT: Perán	Name of Limit	ential ted Liability Company)	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
Patri	ick Costa	_	
		(Name of Person)	
	٨	(Firm/Company)	
	15 Woods	stack	
	-w	(Address)	
Jallahes	see Fl.	32305 cy/State and Zip Code)	
	(Cit	systate and Zip Code)	
For further information con	cerning this matter, please	e call:	
Patrick Co	Fa	at (8:50 ) 562-	18-10
(Name of )	Person)	at ( <u>\$50</u> ) <u>562-</u> (Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the	ne following amount:		
\$125.00 Filing Fee	•	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F C F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, El. 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Penneter Control 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: Mailing Address:
2005 wood stock Tallahusser Fl. 32305 32305
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:
Patrick Costa
Name
2005 Woodsfock
Florida street address (P.O. Box NOT acceptable)
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1-1-09 (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.) 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)