

LD9 000031097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

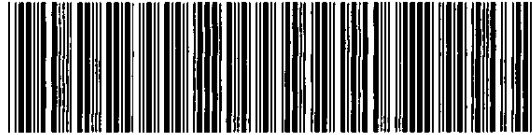
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 MAR 30 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 31 2009

EXAMINER

**GORDON • FEINBLATT**  
ROTHMAN, HOFFBERGER & HOLLANDER, LLC

**LISA B. MOHAN**  
LEGAL ASSISTANT  
410.576.4146  
FAX 410.576.4032  
lmohan@gfirlaw.com

ATTORNEYS AT LAW  
233 EAST REDWOOD STREET  
BALTIMORE, MARYLAND  
21202-3332  
410.576.4000  
www.gfirlaw.com

March 25, 2009

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

Re: The Pete Store, LLC

Dear Sir/Madam:

Please file the enclosed Articles of Organization on behalf of The Pete Store, LLC. A check in the amount of \$125.00 is enclosed to cover the filing fee.

Please return the acknowledgement of the filing to me at your earliest convenience.

Thank you for your assistance in this matter.

Very truly yours,



Lisa B. Mohan  
Legal Assistant

Enclosures

cc: Christopher D. Scott, Esquire (w/o enclosures)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Pete Store, 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:

Christopher D. Scott, Esquire

(Name of Person)

Gordon, Feinblatt, Rothman, Hoffberger & Hollander

(Firm/Company)

223 E. Redwood Street

(Address)

Baltimore, MD 21202

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa B. Mohan

(Name of Person)

at ( 410 ) 576-4146

(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

FILED  
2009 MAR 20 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The Pete Store, 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:

2687 N. Ocean Blvd, Apt G-602  
Boca Raton, FL 33431

#### Mailing Address:

2687 N. Ocean Blvd, Apt G-602  
Boca Raton, FL 33431

### 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:

John C. Arscott

Name

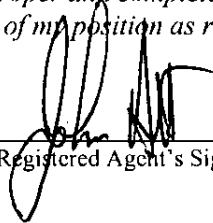
2687 N. Ocean Blvd, Apt G-602

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

Boca Raton, FL 33431

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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM \_\_\_\_\_

John C. Arscott

2687 N. Ocean Blvd, Apt G-602

Boca Raton, FL 33431

\_\_\_\_\_

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\_\_\_\_\_

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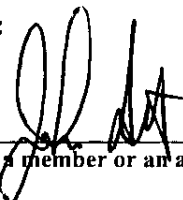
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(Use attachment if necessary)

**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.)

**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.)

**John C. Arscott**

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)**