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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE

T. CLINE

MAY 12 2009

EXAMINER

Pete Dunmyer III 6334 Barry Dr. Jacksonville, Florida 32208 904-207-2955

SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of C							
SUBJE	ЕСТ:	Marvenia	a Anc	l Pete	Investme	ent		
		Name of Limit	ted Liab	ility Con	npany		_	
The en	closed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.			
Please	return all corres	pondence concerning this mat	ter to th	e followi	ng:			
	.	Pe		nmyer of Person	111			
					554			
		M & I		stment Company	DBA			
			TimeC	ompany				
		6		arry Dr		•		<u> </u>
			Ade	dress			SECE	1 YAM 600K
		Jack	sonvil	le,Fl. 3	2208		RETA AHA	A
		Cit	iy/State a	ınd Zip Co	ode		RY	
-		pdunr E-mail address: (to be used	nyeriii	@yahc	o.com	nn)	in C	7
For fur	ther information	n concerning this matter, pleas		amidal IV	por nomean	,,,,	STATE	2: 56
		Dunmyer III	_ at (904 Area Co) de & Daytime	207-2955 Telephone Number		
_		For the following amount: \$\sumsymbol{Y}\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Fil ertified C	ing Fee &	\$160.00 Fil	of Status	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Addition Section of Corporate Building xecutive Censsee, FL 323	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
	te Investments LLC	
(Must end with the words "Limit	ted Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6334 Barry Dr.	6334 Barry Dr.	
Jacksonville,Fl. 32208	Jacksonville, Fl. 32208	
	istered Office, & Registered Agent's Signature of the registered agent are:	1 T
The name and the Florida street address of	of the registered agent are: a Dunmyer III 5	
Pete	e Dunmyer III 2: 5	
	Name	
633	34 Barry Dr.	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
Jacksonville,Fl. 3.		
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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Marveniia L Dunmyer
	6334 Barry Dr. Jacksonville, Fl 32208
MGRM	Pete Dunmyer III
	6334 Barry Dr. Jacksonville, Fl 32208
	TEGRETAY T
	HE HE AAA
(Use attachment if necessary)	FEST 2:
RTICLE V: Effective date, if other than the	70 F
an effective date is listed, the date must be	e specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
4/10	Vinna 2
Signature of a member	er or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)