## (0900046899

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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05/11/09--01012--009 \*\*130.00



S. HAWKES

MAY 1 3 2009

**EXAMINER** 

## COVER LETTER

TO: Registratio Division of	n Section Corporations	
SUBJECT:	Producing	Peace Enterprises, LLC
		ted Liability Company
The enclosed Article	s of Organization and fee(s) are	submitted for filing.
Please return all corr	espondence concerning this mat	tter to the following:
		Tara Maione Name of Person
		Name of Person
	Law Office	ces of Paul J. Burkhart
		Firm/Company
	800 Villa	age Square Crossing
		Address
	Palm Bea	ach Gardens, FL 33410
		ity/State and Zip Code
	assista	nt@paulburkhart.net for future annual report notification)
For further informati	on concerning this matter, pleas	e call:
т	ara Maione	_at( 561 )880-0155
Na	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	c for the following amount:	
\$125.00 Filing Fe	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ne: mited Liability (	Company is	::	,
(Mus			nterprises, LLC oility Company," "L.L.C.," or "L	TC.,)
ARTICLE II - Add The mailing address		ress of the p	principal office of the Li	mited Liability Company is:
Principal Office A	ddress:		Mailing Address:	2
187 Helios Drive Jupiter, FL 33477			187 Helios Drive Jupiter, FL 33477	/
(The Limited Liability Co business entity with an a	mpany cannot serve a ctive Florida registrat	as its own Regition.)	ed Office, & Registered istered Agent. You must designate registered agent are:	
		Patricia	Cheviot	
		Nam	e	<del>-</del>
		187 Helio	as Drive	
	Florida stree	187 Helic	·	
		et address (P.C	D. Box <u>NOT</u> acceptable)	_
	Florida stree Jupiter		D. Box <u>NOT</u> acceptable)	<b>-</b> -

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

"MGRM" = Mar	ger naging Member	Name and Address:	
Manager		Patrice Cheviot	
——————————————————————————————————————		187 Helios Drive	
		Jupiter, FL 33477	<del>-</del>
Manager	<u>.</u>	Robert L. Cheviot	
	<del></del>	187 Helios Drive	
		Jupiter, FL 33477	
			<u> </u>
· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>
			<del></del>
(Use attachment	if necessary)		
	sted, the date must b	date of filing:e specific and cannot be more than five b	,
effective date is lis	sted, the date must b ate of filing.)		,
effective date is lis 90 days after the d	sted, the date must be ate of filing.)  GNATURE:	e specific and cannot be more than five to	ousiness days į
effective date is lis 90 days after the d	sted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with se	e specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specific and cannot be	ousiness days p
effective date is lis 90 days after the d	GNATURE:  Signature of a member of this document const that the facts stated lives at the facts at the facts stated lives at the facts stated lives at the facts	e specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be more than five to the specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specific and cannot be	<u>r.</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)