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SECRETARY OF STATE
ALLAHASSEF, FINALE

D. BRUCE

JUN 0 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: PETER VOGEL FINANCIAL BERUICES Name of Limited Liability Company	LLC.	
The enc	losed Articles of Organization and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the following:		
_	PETERVOGEL Name of Person		
	Name of Person		
-	Firm/Company		
	709 SW 75 ten St # 107	1	
-		ס9 ש אבטי	
_	Gaines ville Florida 32607 City/State and Zip Code	HE S	
		RY SEE	1
-	Peter_v 20009 Cox_nel E-mail address; (to be used for future annual report notification)		! [
For furt	her information concerning this matter, please call:	99 JUN +8 PM 12: 46 SECRETARY OF STATE TALLAHASSEE. FLORIDA	4
Pet	er Vogsumate (352) 231-0097 Name of Person at (352) Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
\$125. 0	(additional copy is enclosed) Certified (of Status &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company is:
107
9 JUN -8
PM 12: 47 OF STATE EE. FLORIDA
47 ATE RIDA

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 (REOUIRED)

(CONTINUED)

EFFECTIVE DATE 15/09

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" = Mana "MGRM" = Ma	nger naging Member	Name and Address:	
MGR		PETER VOGEL 709 SW 75 HD ST FF GAINESVILLE FL 3260	107
			
(Use attachment	• /	e of filing:	(OPTIONAL)
(If an effective date is litto or 90 days after the d	sted, the date must be sp late of filing.)	ecific and cannot be more than five be	usiness days prior
<u>KEÇONED</u> SI		P ~ 1	
	Signature of a member or	an authorized representative of a member.	09 SEC
	of this document constitute that the facts stated herein a		FILED 09 JUN -8 PH 12: 1 SECRETARY OF STATE ALLAHASSEE, FLOR
Filing Fees	Typed of	or printed name of signee	of STA
\$125 AA Filing	Fee for Articles of Organiza	tion and Designation	<u>5</u> 7

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)