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Office Use Only



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B. KOHR

DEC 17 2009

EXAMINER

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PEAB 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:
Derek A. Schwartz P.A. Name of Person
Derek A. Schwartz, Esq.
2385 NW Executive Center Drive #190
Boca Raton FL 33431 City/State and Zin Code
Boca Raton FL 33431 City/State and Zip Code dereka Schwartz Ocomcast. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Devek A. Schwartz at (561) 981-8089 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

Street/Courier Address

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

Clifton Building

Mailing Address

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY. ARTICLE I - Name: The name of the Limited Liability Company is: PEAB LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "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:
108 Wading Place Road	108 Wading Place Road
Mashpee, MA 02649	Mashpee, ma 02649

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:

Derek A. Schwartz, P.A.

Name

2385 NW Executive Center Drive #190

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

Boca Raton FLFL 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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Paul A. Squareia, Jr. 108 Wading Place Road Mashpee, MA 02649
(Use attachment if necessary)	
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
Devet	A. Schwarz Typed or printed name of signee Authorized Representative and Incorporative
\$125.00 Filing Fee for Articles of of Registered Agent	Organization and Designation

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)