· · · · · · · · · · · · · · · · · · ·	٠,	١
(Requestor's Name)	-	
		1
(Address)	•	'
•		
. (Address)	•	
	4	
(City/State/Zip/Phone #)	• '	
PICK-UP WAIT MAIL		
(Business Entity Name)	•	
·	•	
(Document Number)	•	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:] ,	
_		
·		
	٠,	
	ļ	



500167300665

02/17/10--01005--003 **125.00

Office Use Only

S HAWKES

FEB 17 2010

EXAMINER

S. HAWKES

EFB 1-2840

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2010

PETER HOLZWORTH 132 NE WAVECREST WAY BOCA RATON, FL 33432

SUBJECT: PENNINGTON LIVE L.L.C.

Ref. Number: W1000005890

We have received your document for PENNINGTON LIVE L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 710A00002971

Suzanne Hawkes Regulatory Specialist II

Division of Company in a D.O. DOV 0207 Mallaharra Elimida 20214

COVER LETTER

TO:

Registration Section
Division of Corporations

Pennington Live L.L.C SUBJECT: 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: Peter Holzworth Name of Person Pennington Asset Management Firm/Company 32 NE Wavecrest Way Address Raton, FL 33432 City/State and Zip Code peter@ingtoninvestments.com E-mail address: (to be i sed for future annual report notification) For further information concerning this matter, please gall: Peter Holzworth 561 549-3112 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$\sqrt{\$}}\$130.00 Filing Fee & \$155.00 Filing Fee & **]**\$160.00 Filing Fee, Certificate of Statu Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	e L.L.C y Company," "L.L.C.," or "LLC.")
Pennington Liv	e LLC
(Must end with the words "Limited Liabilit	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
132 NE Wavecrest Way Boca Raton FL, 33432	132 NE Wavecrest Way Boca Raton FL, 33432
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Peter Holz	worth
Name	
132 NE Wave	crest Way
Florida street address (P.O.	
Boca Raton	FL
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

istered agent and agree to act in this capacity. I juriner agree to comply with the provisions of tatutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position astregistered agent as provided for in Chapter 608, F.S..

Registered Agent Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

1

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

"MGR" = Manager	•
"MGRM" = Managing Member	THE STATE OF THE S
MGRM	Peter Holzworth 132 NE Wavecrest Way, Boca Raton FL 33432
MGR	Ron Roll 28 East Ave, Quinton, NJ
MGR	08072 Andrew Nielsen
	PO box 28068 Bellingham, WA 98228
(Use attachment if necessary)	
•	(07770)
CLE V: Effective date, if other than the	· ·
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with see	e specific and cannot be more than five business days er or an authorized representative of a member. ction 608/408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here.	er or an authorized representative of a member. ction 608/408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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

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