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(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(D	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Registration Division of C		·	
SUBJECT:		1 LLC ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
:	Willie M *	Peacor C Name of Person	
	Peacock Hi	LLC Firm/Company	
	458 N.W	Marion St	
	Madison	Marion St Address FL 32340 y/State and Zip Code	
	Ciu	y/State and Zip Code	
<del></del>	E-mail address: (to be used )	or future annual report notification)	
	concerning this matter, please		
WillL	M Place	at (850) 973.  Area Code & Daytime Telep	- <u>9800</u> hone Number
	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
	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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "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:
458 NW Merion St Madvon FL 32340 Madvon FL 32340
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 of another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  Willum Peacol 6  Name  Name
Florida street address (P.O. Box NOT acceptable)
FL 32340 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
Well //

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Page 1 of 2

## Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Wille M ReacoulC (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

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

\$ 5.00 Certificate of Status (Optional)