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T. CLINE

OCT 29 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			
	DesCarl	110	
SUBJECT:	PEECOO L Name of Limit	たし ted Liability Company	
		to blacking company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	•
Please return all corres	pondence concerning this mat	•	
	MARCARET P	Icou	
		Name of Person	
	PEECOOL	lc_	
	PEECOOL	Firm/Company	
24	018 MIII RUN	Bloo	
		Address	
· <u> </u>	KIGGIMMEE	Fl. 34744	F 2
	Cit	ty/State and Zip Code	ZI W CCT
·	margaret. Dice	94 @ CR Mayl. COM for future behaual report notification)	
			78 X X X X X X X X X X X X X X X X X X X
For further information	concerning this matter, please	e call:	
M AA CAAGT	Ducan	. 1.07	FLORID FLORID
MALGARET	of Person	at (<u>407</u>) <u>414-3258</u> Area Code & Daytime Telephone Number	<u> </u>
Enclosed is a check f	or the following amount:		4
⊡ \$125.00 Filing Fee	□\$130.00 Filing Fee & 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEE Coo LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2618 Mill Run Blod Krosimmos Fl. 34744	2618 Mill Kup Blod Kissimmer Fl. 34744
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another
	r Tr
MALGARET PI Name	70 M
2618 Mill Run T	3 00 .
	ess (P.O. Box <u>NOT</u> acceptable)
KI GOIM MEE City, State	FL 34744 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is 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 ered agent as provided for in Chapter 608, F.S

Page 1 of 2

ARTICLE IV- Manager(s) or Managin The name and address of each Manager or				
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	MARGARET PICOU HOUR MILL RUN BLUD KIGGIMMEE FI 34744			
(Use attachment if necessary)		SEINE IM	20 M OCT 28	in and dispersion of the control of
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spe to or 90 days after the date of filing.)		usiness d	(AL)	ior
	an authorized representative of a member.			
of this document constitutes that the facts stated herein an ALGARET	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.) Printed name of signee			

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)