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SECRETARY OF STATE

J. BRYAN

NOV 3 0 2010

EXAMINER

COVER LETTER

•	TO:	Registration Se Division of Cor					
	SUBJE	ст: <u>/</u> Р	DEVELOPM Name of Lim	1EN ited Liab	SERVICE ility Company	es, LLC	
	The enc	losed Articles of	Organization and fee(s) are	e submitt	ed for filing.		
	Please n	eturn all correspo	ndence concerning this ma	itter to th	e following:		
	_	DARRY	L J PE		CKA f Person		意言
	_	LPE	EVELOPME!	VT S	SERVICES ompany	LLC	N 25 PH 3: 51
	-	P. O. B	ox 318	Add	iress		3:51 FELORIDE
	-	TANGE	ERINE, FLO	RID ity/State a	A 33770 nd Zip Code	<u>) - 0328</u>	
	•	darryL	petrucka @ You be used	hop.	COM annual report notificatio	n)	
	For furth	ner information co	oncerning this matter, plea	se call:			
	DA	RRYL T	Person	at (52 978 Area Code & Daytime	-5758 Telephone Numbe	or
	Enclose	ed is a check for	the following amount:				
র্তাঃ	S125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	— _{Ce}	5.00 Filing Fee & rtified Copy ditional copy is enclosed)	Certified	e of Status &
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Addr Registration Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

Darryl Petrucka

8103 Earlwood Avenue

Mount Dora, Florida 32757

Mailing address:

P.O. BOX 328, Tangerine Florida 32777-0328

352-729-4232

Cell 352-978-5758

November 22, 2010



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L P DEVELOPMENT SE (Must end with the words "Limited Liability)	RUICES, LLC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8103 EARLWOOD AVE MOUNT DORA FLORIDA 32757	P. D. BOX 328 TANGERINE FLORIDA 32777-0328
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
DARRYL PE Name 8103 EARLY	\$
MOUNT DORA City, Sta	FL 32757 RDF 33. 57 ste, and Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of a process of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (KEQUIKED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DARRYL PETRUCKA 8103 EARLWOOD AVE MOUNT DORA, FI 32757
	TARE NO
	TARY OF S
(Use attachment if necessary)	FLORID
LE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL specific and cannot be more than five business days

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DARRY/ PETRUCKA
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)
- \$ 5.00 Certificate of Status (Optional)