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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE

DEC 23 2010

EXAMINER

COVER LETTER

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TO: Registration of Division of	on Section f Corporations					
SUBJECT: PE	ERLESS TECHNOL	OGY LLC				
SUBJECT.	Name of Limited					
The analosed Amiol	es of Organization and fee(s) are su	hmitted for filin	~			
	_ , ,		_			
Please return all cor	respondence concerning this matte	r to the following	<u>;</u>			
ELESI	QUAYE					
	ľ	Name of Person				
	1	Firm/Company				
15982	NW 21st Street	<u> – – – – </u>				
		Address				
Pembrol	ce Pines, FL, 33028					
	City/	State and Zip Cod	•			
peerleste	ch@gmail.com			<i></i>	ŏ	
	E-mail address; (to be used for	_	ort notification)	AH	DEC 22	······································
For further informat	ion concerning this matter, please	call:		(2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	22	
ELESI QUAY	E	at (954	4327199		PH	
N	ame of Person	Area Code	& Daytime Tele	phone Number		
Enclosed is a chec	k for the following amount:				56	
_	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filit Certified Co (additional cop	ру	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is en	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporation Building ecutive Center G see, FL 32301	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	Æ I -	Name	e:
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The name of the Limited Liability Company is:

PEERLESS TECHNOLOGY LLC

(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:
15982 NW 21st Street, Pembroke Pines FL, 33028	15982 NW 21st Street, Pembroke Pines FL, 33028
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.	ered Agent. You must designate an individual or another
ELESI QUAYE	
Name	
15982 NW 21st S	
Florida street addı	ress (P.O. Box NOT acceptable)
Pembroke Pines	_{FL} 33028
City, Stat	te, 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:

"NAL : R" = NAGROGER	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGKW - Managing Member	
MGR	ELESI QUAYE
	15982 NW 21st Street, Pembroke Pines
	FL 33028
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must b	
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	e specific and cannot be more than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior
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 of a may after any false information constitutes a third degree felonger.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

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)