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(Requestor's Name)	
, ,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
(Booking Manuscry)	
Continue Continue of Challes	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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Effective Date 1-1-2011

12/27/10--01007--015 **125.00

2010 DEC 27 PH 3: 54

J. SAULSBERRY EXAMINER

DEC 2 8 2010

COVER LETTER

TO:	Registration Division of C			
SUBJE	CT: Pete	s Property Manag		
	-	Name of Limite	d Liability Company	
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corre	spondence concerning this matte	er to the following:	
	Peter Se	ervais		
	1 0101 01		Name of Person	
	Pete's P	roperty Manageme	ent LLC.	
			Firm/Company	
	2616 Ba	refoot Creek Circle		
			Address	
I	Navarre, I		State and Tim Code	201 DEC 34 CRE V
	pete.prop.	mgmt@gmail.com	/State and Zip Code	AND DEC 2
For fur	ther informatio	E-mail address: (to be used for a concerning this matter, please	or future annual report notification) call:	7 PH 3: 51
Pete	r Servais		at (608) 797-5941	GRE 5
	Nam	e of Person	Area Code & Daytime Tele	
		for the following amount: \$\square \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)]\$160.00 Filing Fee, Certificate of Status & Certified Copy
		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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name: the Limited Liability Co	mpany is:				
Pete's P	roperty Manage					
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II The mailing a		s of the principal office of the Limited L	iability Co	mpan	y is:	
Principal Office Address:		Mailing Address:				
2616 Barefoot	t Creek Circle	2616 Barefoot Creek Circle	2616 Barefoot Creek Circle			
Navarre, FL 3	2566	Navarre, FL 32566				
The name and	Peter Servais 2616 Baref	Name Oot Creek Circle da street address (P.O. Box NOT acceptable) FL 32566 City, State, and Zip	LAHASSEELFLORIDA	DEC 27 PH 3:54		
liability c registered as statutes rel	ompany at the place designent and agree to act in that atting to the proper and continue obligations of my positions.	ent and to accept service of process for the gnated in this certificate, I hereby accept this capacity. I further agree to comply with omplete performance of my duties, and I do not be registered agent as provided for in the gent's Signature (REQUIRED)	the appoint th the provi um familiar	ment of sions of with o	is of all and	

(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:

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Mem	iber .		
MGR	Peter Servals		
	2616 Barefoot Creek Circle	•	
	Navarre, Florida 32566	•	
	202	2018	
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Act 12-20-04-04-04-04-04-04-04-04-04-04-04-04-04	Ser	27	Ť.
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	The state of the s	- 1	
	1.7	•	
(Use attachment if necessary ICLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.	r than the date of filing: 1/1/2011 (OPTIO e must be specific and cannot be more than five business	NAL) days pr	ior
REQUIRED SIGNATURE			
Signature of	f a member or an authorized representative of a member.		
constitutes an affirma I am aware that any f	section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	•	

Peter Servais

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)