

L 11 0000 84642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

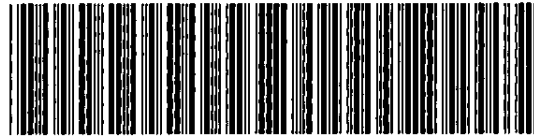
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL 23 2011

EXAMINER



200209773912

07/26/11--01016--020 \*\*2602.50

FILED OF STATE  
SECRETARY OF CORPORATIONS  
11 JUL 22 AM 8:49

**Advanced Incorporating Service, Inc.**

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: orders@advancedincorporating.com  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY

*Peterson Family  
Management, LLC*

FOR OFFICE USE ONLY

FILED STATE  
SECRETARY OF COMMERCE  
11 JUL 22 AM 8:49

**PICK ONE:**

CERTIFIED COPY     PHOTOCOPY     C.U.S.

**FILING:**

CORPORATION     LLC     LIMITED PARTNERSHIP     GENERAL PARTNERSHIP  
 FICTITIOUS NAME     SERVICEMARK/TRADEMARK     AMENDMENT  
 FOREIGN QUALIFICATION     JUDGMENT LIEN  
 OTHER \_\_\_\_\_

**RETRIEVAL:**

GOOD STANDING CERT/C.U.S.     CERTIFIED COPY     PHOTOCOPY  
Of \_\_\_\_\_

**APOSTILLE/CERTIFICATION REQUEST:**

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 7/22    TIME \_\_\_\_\_

**Notes:**

*File, st, plz*

ARTICLES OF ORGANIZATION FOR  
PETERSON FAMILY MANAGEMENT, LLC  
A FLORIDA LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 22 AM 8:19

ARTICLE I - NAME

The name of the Limited Liability Company is: **PETERSON FAMILY MANAGEMENT, LLC**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **1001 S. Bayshore Boulevard, Unit 104, Safety Harbor, Florida 34695**

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the managers. The names and addresses of the managers are:

**Victor G. Peterson**  
1001 S. Bayshore Blvd., Unit 104  
Safety Harbor, FL 34695

**Jean A. Peterson**  
1001 S. Bayshore Blvd., Unit 104  
Safety Harbor, FL 34695

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

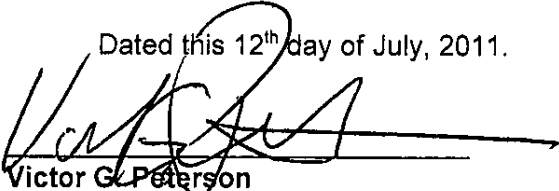
The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**


**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managers,  
by: **Victor G. Peterson and Jean A. Peterson.**

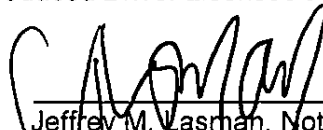
Dated this 12<sup>th</sup> day of July, 2011.

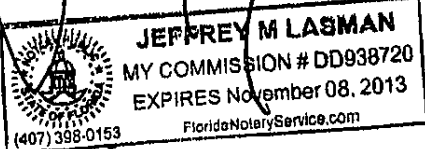
  
Victor G. Peterson  
Manager

  
Jean A. Peterson  
Manager

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of July, 2011, by **Victor G. Peterson** and **Jean A. Peterson**, who have produced Driver Licenses as identification.

  
\_\_\_\_\_  
Jeffrey M. Lasman, Notary Public

  
JEFFREY M LASMAN  
MY COMMISSION # DD938720  
EXPIRES November 08, 2013  
FloridaNotaryService.com  
(407) 398-0153

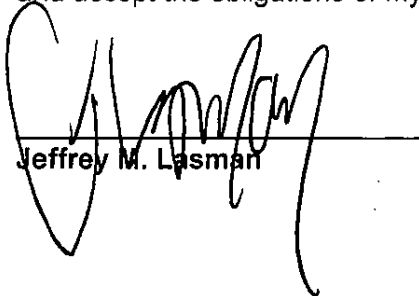
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **PETERSON FAMILY MANAGEMENT, LLC**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman, Esquire  
LASMAN LAW FIRM, P.A.  
1560 W. Cleveland St.  
Tampa, Florida 33606**

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.

  
\_\_\_\_\_  
Jeffrey M. Lasman

July 12, 2011  
(Date)