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12 JAN -9 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PeJaMa22, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary T. Scott

Name of Person

Firm/Company

1300 Wilkinson Street

Address

Orlando, Florida 32803

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary T. Scott

Name of Person

at (407) 896-7669

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$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 (additional copy is enclosed)

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: **PeJaMa22, LLC**

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1300 Wilkinson Street
Orlando, Florida 32803

Mailing Address:
1300 Wilkinson Street
Orlando, Florida 32803

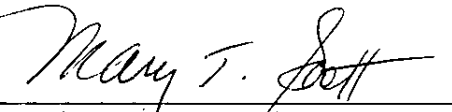
ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name: Mary T. Scott
Florida street address: 1300 Wilkinson Street
Orlando, Florida 32803

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

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TALLAHASSEE, FLORIDA

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:

Mary T. Scott, MGMR
1300 Wilkinson Street
Orlando, Florida 32803

Jack W. Scott, MGMR
1300 Wilkinson Street
Orlando, Florida 32803

Margaret L. Kyprianides, MGMR
230 West Broadway #409
Long Beach, NY 11561

ARTICLE V
Effective Date

Effective date, if other than the date of filing: _____



Mary T. Scott, 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.)

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)