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(Requestor's Name)				
(Address)				
(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:				





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SECRLIANT OF STATE
SECRLIANT OF STATE

K. BALY EXAMINER MAR 1 2 2012

COVER LETTER,

TO: Registration Section Division of Corporations				
SUBJECT: Peace, Joy and Intention, LLC				
Name of Limited Liability Company				
The analoged Articles of Organization and for(s) are submitted for filing				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Heid Hardman				
Name of Person				
Firm/Company				
505 Macchi Ave				
Address				
Oakland, FL 34787				
City/State and Zip Code				
tai.s@polkadotz.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Heidi Hardman at (727) 5105345				
Name of Person Area Code & Daytime Telephone Number				
Find and the about Court Court of the court				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}} \sqrt{\sq}}}}}}}}}}} \sqit{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}				
(additional copy is enclosed) Certified Copy				
(additional copy is enclosed)				
Mailing Address Street/Courier Address				
Registration Section Registration Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	and Intentio		ty Company, "L.L.C.," or "LLC."	<u> </u>
ARTICLE II - A		Linned Liabin	y company, E.E.C., or EEC.	,
		ess of the pri	ncipal office of the Limit	ed Liability Company is:
Principal Office Address:			Mailing Address:	^
505 Macchi Ave			505 Macchi Ave	
Oakland, FL 34787		 .	Oakland, FL 34787	
The name and the	Florida street addr Heidi Hardma		gistered agent are:	FILED 12 MR -9 PM SECRETARIASSEE
	Name			
	Flor	rida street add	ress (P.O. Box NOT acceptable	2: 30 FLORIT
	Oakland		_{FL} 34787	ROTE OF
		City, Sta	te, and Zip	•
liability comp registered agent (any at the place des and agree to act in t	ignated in th	nis certificate, I hereby acc	y with the provisions of all

llaccept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Heidi Hardman
MGRM	Tai Sanchez
 	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Lel.
Signature of a membe	er 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.)

Heidi Hardman

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)