## L120000177817

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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D. BRUCE
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EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Petes Home Services  Name of Limited Liability Company		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	GLOVGE P. GIQINO Name of Person		
-	Petes Home Services		
	5620 Wilson Road		
_	Sanford Florida 32 15		
City/State and Zip Code			
_	Ting +1C 94 @ YAhoo. Com  E-mail address. (to be used for future annual report notification)		
For furt	her information concerning this matter, please call:		
	George P. GiamDat (423) 298-1655  Name of Person Area Code & Daytime Telephone Number		
	Filing Fee 130.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Petes Home Services, LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "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:				
5620 Wilson Road 5620 Wilson Road Sanford Fl. 32771				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
George P. Giaimo				
Superior Sup				
Trottae street actions (1.5. Son to 1.5. Son to 1.5.				
Sanford FL 32771				
City, State, 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				

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

EFFECTIVE DATE DE/66/12

## 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 Member	CLEORGE D Gigimo			
MGRM	George P. Gaimo 5620 Wilson Road			
	Sanford Florida			
NA $C$ $A$ $NA$	32111			
MAKM	1100 M. 1ayllaterri			
	Sorrento Fl. 32776			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing:				
(If an effective date is listed, the date must be specific and cannot be more than five business days prior				
to or 90 days after the date of filing.)				
REQUIRED SIGNATURE:				
<del></del>	A Second			
Bosof Janua AFE &				
Signature of a member or an authorized representative of a member =				
(In accordance with section 608.408(3), Florida Statutes, the execution of this documento constitutes an affirmation under the penalties of perjury that the facts stated herein are the				
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.)				
<u> </u>	orge P. Giaimo			
i yped	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)