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(Requestor's Name)
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SECRETARY OF STATE

B. BOSTICK
NOV - 6 2012
EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Division of C			
SUBJECT:	2 Peas		
	Name of Limit	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
Renette	e Richard		
		Name of Person	
:EZ. Pe	45		
	•	Firm/Company	-
3107 V	inson Ave		
		Address	
Saraso	ta, FL 34232		OV -
		ty/State and Zip Code	P. P.
renetteric	hard@yahoo.com	for future annual report notification)	55 0
For further information	concerning this matter, please	• •	AIE DRADA
Renette Ri		_ _{at (} 941 ₎ 306-63	
Name	of Person	Area Code & Daytime Teleph	ione Number
Enclosed is a check f	or 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)
	B# *** 4.1.1	S: 40 : A::	

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

ARTICLE I - Name: The name of the Limited Liability Company is: EZ Pea'S 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: 3107 Vinson Ave, Sarasota, FL 34232 Same

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:

Name

3107 Vinson Avenue

Florida street address (P.O. Box NOT acceptable)

Sarasota 34232

FL

ty, 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 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGRM	Renette Richard
	3107 Vinson Ave
	Sarasota, FL 34232
	
(The estables and 'Consequent)	
LE V: Effective date, if other than the ffective date is listed, the date must	e date of filing: (OPTION to be specific and cannot be more than five busin
ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	t be specific and cannot be more than five busin
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