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SECRETARY OF STATE OIVISION OF CORPORATION

C. LEWIS

NOV 27 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

Picker's Pad, LLC.

Name of Limited Liability Company

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

Pleas

Please return all corresponder	ice concerning this matte	er to the following:		
Christoph	er Wood			
		Name of Person		
		Firm/Company		
1974 Wre	nfield Lane			
		Address		
Oviedo, F	L 32765			
	Cit	y/State and Zip Code		
`chris.j.wood@	gmail.com			
. E-	mail address: (to be used f	or future annual repo	rt notification)	
For further information conce	rning this matter, please	call:		
Christopher V	Vood	407	739-28	361
Name of Pers	Son		& Daytime Telep	hone Number
Enclosed is a check for the	following amount:			
	130.00 Filing Fee & ertificate of Status	□\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
M	ailing Address	Street/Co	ourier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:

Picker's Pad, LLC.			
((Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		of the principal office of the Limited Liabil	ity Company is:
Principal Office	e Address:	Mailing Address:	
1974 Wrenfield Lane	9	1974 Wrenfield Lane	
Oviedo, FL 32765		Oviedo, FL 32765	
			
(The Limited Liability business entity with a	c Company cannot serve as its an active Florida registration.) e Florida street address	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual s of the registered agent are:	
	Christopher Wood	Name	O NO
	1974 Wrenfield Lane	(and	26 -
	**************************************	a street address (P.O. Box NOT acceptable)	PMI
	Oviedo,	32765	CORPORATIONS 6 PHIZ: 59
		City, State, and Zip	9
liability comp registered ager	pany at the place design nt and agree to act in th	nt and to accept service of process for the about the nated in this certificate, I hereby accept the a fais capacity. I further agree to comply with the I complete performance of my duties, and I a	ppointment as the provisions of

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Mem	h Manager or Managing Member is as follows: PRETAR NOV 26 Name and Address: 2812 NOV 26
MGR	Christopher Wood
	1974 Wrenfield Lane
	Oviedo, FL 32765
LE V: Effective date, if other ffective date is listed, the d	than the date of filing: (OPTIC
LE V: Effective date, if other ffective date is listed, the dor 90 days after the date of	than the date of filing: (OPTIC ate must be specific and cannot be more than five bus filing.)
LE V: Effective date, if other ffective date is listed, the dor 90 days after the date of REQUIRED SIGNATURE	than the date of filing: (OPTIC ate must be specific and cannot be more than five bus filing.)
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