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(Re	questor's Name)	• •
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PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· .
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

W12-58214

EFFECTIVE DATE 11/14/12



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11/16/12--01013--004 **155.00

SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE

DEC 0 3 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2012

ALEXANDRE PEROUNOV 481 N. MILITARY TRAIL WEST PALM BEACH, FL 33415

SUBJECT: ALEXANDRE PEROUNOV L.L.C.

Ref. Number: W12000058214

We have received your document for ALEXANDRE PEROUNOV L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 712A00027811

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEXANDRE PEROUNOV L.L.C.

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:

EXANDRE PEROUN Name of Person **COLLISION 2000** Firm/Company 481 N. MILITARY TRAIL Address WEST PALM BEACH, FL 33415 City/State and Zip Code COLLISION2000WPB@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAY ESTEVEZ Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ALEXANDRE PEROUNOV L.L.C.	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	-
	ss of the principal office of the Limited Liability Compa
	•
Principal Office Address:	Mailing Address:
Principal Office Address: 2555 PGA BLVD. LOT 431	Mailing Address: 2555 PGA BLVD. LOT 431
Principal Office Address:	Mailing Address:

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

ALEXANDRE PEROUNOV

Name

2555 PGA BLVD. LOT 431

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

PALM BEACH GARDENS, FL 33410

City, State, and Zip

SECRETARY OF STATE

2 NOV 16 AMII: 59

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 11/19/12

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

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

		
, <u></u>		
	-	
Use attachment if necessary)		
	he date of filing: 11/14/2012	

REQUIRED SIGNATURE:

Signature of a member 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, E

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)