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| (Re                     | questor's Name)    |           |
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| (Ad                     | dress)             |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bı                     | ısiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE
MALLAHASSEE FLORIOS

MAR 0 4 2013 D. BRUCE

### **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: Peter Hoyt LLC  |   |
| Name of Limited Liability Company  |   |
| The enclosed Articles of Organization and fee(s) are submitted for filling.  |   |
| Please return all correspondence concerning this matter to the following:  |   |
| Peter Hoyt   |   |
| Name of Person   |   |
| Peter Hoyt LLC   |   |
| Firm/Company   |   |
| 2712 Palma Sola Blvd   |   |
| Address  |   |
| Bradenton FL 34209   |   |
| City/State and Zip Code  |   |
| phoyt10371@aol.com  E-mail address: (to be used for future annual report notification)   | ן |
|  | 1 |
| For further information concerning this matter, please call:   | Ą |
| at ( · · · )   |   |
| Name of Person Area Code & Daytime Telephone Number  |   |
| Enclosed is a check for the following amount:  |   |
| ■\$125.00 Filing Fee  Certificate of Status  □\$155.00 Filing Fee & Certificate of Status  □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (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

| ARTICLE I - Name: The name of the Limited  | d Liability Company is:  |  |  |
|--|--|--|--|
| The name of the Limited  | u Liability Company is.  |  |  |
| Peter Hoyt LLC   |  | <i>,</i>   |  |
|  | with the words "Limited Liabili  | ty Company, "L.L.C.," or "LLC.")   |  |
| ARTICLE II - Addres The mailing address and  |  | ncipal office of the Limited Liabi   | lity Company is:   |
| Principal Office Addre   | ess:   | Mailing Address:   |  |
| 2712 Palma Sola Blvd, Brade  | enton FL 34209   | 2712 Palma Sola Blvd, Bradenton FL 34  | 1209   |
|  |  |  |  |
| (The Limited Liability Company business entity with an active I  The name and the Floric Peter | y cannot serve as its own Registe<br>Florida registration.)<br>da street address of the re<br>r Hoyt               |  | TO THE PROPERTY OF THE PROPERT |
| <u>2712</u>  | Palma Sola Blvd  | ress (P.O. Box <u>NOT</u> acceptable)  | SIAIE  |
| Brad   | denton FL 34209  | iess (F.O. Dox MOT acceptable)   | ATE OF   |
| ——————————————————————————————————————   |  | FL<br>te, and Zip  |  |
| liability company at<br>registered agent and a<br>all statutes relating to                     | registered agent and to a<br>the place designated in th<br>gree to act in this capacion<br>the proper and complete | accept service of process for the about the control of the control | appointment as<br>the provisions of<br>un familiar with  |

(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:

| Title:   | Name and Address:  |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member   |  |
| Williaging Weilloci  |  |
| MGR  | Peter Hoyt   |
|  | 2712 Palma Sola Blvd   |
|  | Bradenton FL 34209   |
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| (Use attachment if necessary)  CLE V: Effective date, if other than t  | the date of filing: (OPTIONAL  |
| CLE V: Effective date, if other than t   | the date of filing: (OPTIONAL ust be specific and cannot be more than five business)   |
| CLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.  REQUIRED SIGNATURE:  | ust be specific and cannot be more than five business  |
| CLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.  REQUIRED SIGNATURE:  | ust be specific and cannot be more than five business  |
| CLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation und I am aware that any false info                                 | ust be specific and cannot be more than five business  |
| CLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo | ther or an authorized representative of a member.  308.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein the bue.  309.408(3) are the penalties of perjury that the facts stated herein the bue. |

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)