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,		
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Talmers Mile 5 5 5013

(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Petron Enterprises, 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:
Linda & Terry Petron Name of Person
Firm/Company
13540 Virginia Aue August Address
Astatula Fl 34705 The Barrell City/State and Zip Code
2013 Peton & Gmail. Com F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 352 552 - 1075 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier 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

Company, "L.L.C.," or "LLC.")
Company, "L.L.C.," or "LLC.")
cipal office of the Limited Liability Company is:
Mailing Address:
PO BOX 305 Astatula, FI 34705
Astatula, Fl 34705
Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
ristered agent are: Petro Sis (P.O. Box NOT acceptable) FL 34705 cept service of process for the above stated limited in service and the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S. Petro Resident August 13 Resident

Page 1 of 2

(CONTINUED)

The name and address of each Ma	anager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" ≡ Managing Member	Name and Address:
MGRM	Terry L. Petron 13540 Virginia fix Astatula El 34705
MGRM	Linda M. Petron 13540 Virginia Ave Astotsla Fi 34705
	
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days g.)
REQUIRED SIGNATURE:	Zv
	ember or an authorized representative of a member.
constitutes an affirmation to I am aware that any false in	n 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) Typed or printed name of signee
Filing Fees:	

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)