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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
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COVER LETTER

TO:	Registration S Division of Co					
	pietrzyk	cus LLC				
SUBJ	ECT:	Name of Limit	ed Liability Co	ompany		<u>. </u>
						
		of Organization and fee(s) are		_		
Please	•	oondence concerning this matt	er to the follov	ving:		
	Michael Piet					
			Name of Perso	n		
			Firm/Company	y		
	610 Celebra	ation Ave, Unit 1109				
			Address			The state of the s
	Celebration,	, Florida 34747			•	70 20 20 E
	mike@pietrz		ty/State and Zip	Code		AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA
		E-mail address: (to be used	for future annua	report notification	1)	<u> </u>
For fu	rther information	concerning this matter, please		•		PH 12: 35
		concerning this matter, prease	703	346-785		STA 2: 3
Michael Pietrzyk		_ at ()		\$ m	
	Name	of Person	Area	Code & Daytime T	elephone Number	
Enclo	osed is a check f	or the following amount:				
□\$125.00 Filing Fee □\$130.0 Certifi		□\$130.00 Filing Fee & Certificate of Status	Certified	_	Certificate Certified C	of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Address stration Section sion of Corporati on Building I Executive Center ahassee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: pietrzyk.us 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:** 610 Celebration Ave P.O. Box 471058 Celebration, Florida 34747 Unit 1109 Celebration, Florida 34747 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: Michael Pietrzyk Name 610 Celebration Ave. Unit 1109 Florida street address (P.O. Box NOT acceptable) 34747 Celebration FŁ City, 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 (REQUIR

Page 1 of 2

(CONTINUED)

	' = Manager M" = Managing		Name and Address:	
MGRN	Л	1	Michael Pietrzyk	
· · · · · · · · · · · · · · · · · · ·			610 Celebration Ave, Unit 1109	
		7 -	Celebration, Florida 34747	
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(Use at	tachment if nece	ssary)		
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CLE V:	Effective date, if date is listed, the date is listed, the date is the date.	the date must be sp	of filing: (OPT pecific and cannot be more than five be	TONAL) usiness days
(CLE V: effective to or 90 d	date is listed, to lays after the date is listed the date is listed.	the date must be specific te of filing.) URE:	pecific and cannot be more than five be	usiness days 2018 AUG 29 SECRETAR SECRETAR
(CLE V: effective to or 90 d	date is listed, to lays after the date is listed, to lays after the date is listed, to lay after the date is layed. Signat (In accordance constitutes an all am aware that	the date must be syste of filing.) URE: ure of a member or an with section 608.408(3) ffirmation under the per any false information s	n authorized representative of a member.), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are trusubmitted in a document to the Department of States	USINESS days 2018 AUG 29 PM 12 SECRETARY OF S TALLAHASSEE FLA

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)

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