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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PeviSited LLC  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:
James W. Rybicki Name of Person
Firm/Company
3910 Catis Aug.
Taylanassel, Fe 33310 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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 1 - Name: The name of the Limited Liability Company is:
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:  3910 Cottles Aug Toward See, El 300
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: James Rybicki
Name  Solvey Aug.  Florida street address (P.O. Box NOT acceptable)  Talkasel FL 323 W  City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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 605 F.S.
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

ARTICLE IV- The name and address of each person authorize	zed to manage and control the Limited Liability Company:	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR AMBR	James Rybicki 3910 Cato Hur Tarlaressee, El 32310 Lames Hotchens 142 Tobacco Ral Harana, Ri 32333	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of fil (If an effective date is listed, the date must be specific the date of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 d	lays after
ARTICLE VI: Other provisions, if any.		
(In accordance with section 605.0 constitutes an affirmation under Lam aware that any false informa	r or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
Vane	2 Rybicki ped or printed name of signee	14

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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) 4 JAN 16 PH 2: 15