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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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



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SECRETARY OF STATE

MAR 2 7 2013 T. HAMPTON

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	C	OVER LETTER CPICE	~	k-to
TO:	Registration Section Division of Corporations		pany becom	tion of
ILAU2	cor: Peace Painta	re LLC	receipt to Breverel Co	sorty.
	Name of L	imited Liability Company	_ (100	3VEDOO!
			8 - D	- CONTRACTOR - CON
The en	closed Articles of Organization and fee(s)	are submitted for filling.	271-7	24-9090
Please	return all correspondence concerning this	matter to the following:	<i>54</i> .1".	
	Mitchell KP	eèce_		
		Name of Person		
	Rosce Pantir	a LLC		
		Firm/Company		
	320 Avend	là Central		
		Address		
	Indialantic	FL 3290 City/State and Zip Code	3	
	greeney 1014	Dudhoo, con	<u> </u>	
P. 4.	•	ed for future annual report notificati	ion)	
_	ther information concerning this matter, pl	case cail:		
Mi	token lodce at		142	
	Name of Person	Area Code Daytime Tele	phone Number	
	d is a check for the following amount:			
5125.00 40-2	O Filing Fee US130.00 Filing Fee & Certificate of Status	☐\$155,00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate of Status &	
record yo	O Filing Fee US130.00 Filing Fee & Certificate of Status Status Certificate of Status Status Compedion US Mailing Address Registration Section	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
· ·	OILO CARMBERIONAC)			
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u> 15</u>	
	Division of Corporations	Division of Corporatio	175	
	P.O. Box 6327 Tallahassoc, FL 32314	Clifton Building 2661 Executive Center		
		Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Posce Pointing Lie (Must end with the words "Limited Liability)	lity Company, "L.L.C.," or "L.LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	ailing Address:
320 Avenida Central Indicianto FL 32903	sêne
ARTICLE III - Registered Agent, Registered Office, & Registered Clinical Liability Company cannot serve as its own Registanother Intsiness entity with an active Florida registration.)	gistered Agent's Signature: tered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
Mitchell Peace	· · · · · · · · · · · · · · · · · · ·
Name	^ f
320 Avenida	Central
Florida street address (P.O. Box NOT	acceptable)
Indialantic ,	EL 32903
City	Ζip
Having been named as registered agent and to accept service of the place designated in this certificate. I hereby accept the a capacity. I further agree to comply with the provisions of all so of my duties, and I am familiar with and accept the obligation Chapter 60.5	ppointment as registered agent and agree to act in this statutes relating to the proper and complete performancions of my position as registered agent as provided for in
must see	
Registered Agent's Signature (R	REQUIRED) TALLAHAR
(CONTINUED)	
Page 1 of 2	

Jose attachment if necessary) V: Effective date, if other than the date of filing: 3/26/14 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any,	Title:	Name and Address:
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