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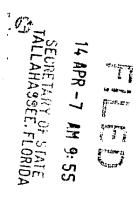
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. Statuers APR 0 8 2014

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Peace For A Nation, LLC		
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) an	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
	J	
Ines Cristina Sosa		
	Name of Person	
	Firm/Company	
1045 8TH STREET, APARTMENT	15	<u> </u>
	Address	· · ·
Miami Beach, Florida 33139	City/State and Zip Code	
	city/state and Zip Code	
icsosa@me.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
For further information concerning this matter, pre-	ase can.	
Ines Cristina Sosa at (at (917) 975-9618	
Name of Person		ephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	•	(additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Addr Registration Section	ress
Division of Corporations	Division of Corporat	ions
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -: Name: ' The name of the Limited Liability Company is:		
Peace For A Nation, LLC (Must end with the words "Limited L	Jiability Company, "L.L.C.," or "LLC.")	•
ARTICLE II - Address: The mailing address and street address of the principal off		
Principal Office Address:	Mailing Address:	
1045 8TH STREET, APARTMENT 15 MIAMI BEACH, FL 33139	1045 8TH STREET, APARTMENT 15 MIAMI BEACH, FL 33139	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an indivi	dual or
The name and the Florida street address of the registered a	gent are:	
Ines Cristina Sosa	ALL SEC	7
Name	AHA	P T
1045 8TH STREET, APARTME		1 France
Florida street address (P.O. Box 2	SOT acceptable)	200
Miami Beach	FL 33139	9 [7]
City	Zip STA	വ
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligation. Chapte Registered Agent's Signature.	the appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as proper 605, F.S	to act in this e performance
(CONTINUE	D)	

1

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Sosa Group LLC	1045 8TH STREET, APARTMENT 15 Miami Beach, Florida 33139
-amount of the contract of the	· Gi
	L AHA
(Use attachment if necessary) LE V: Effective date, if other than the date of filing	STATES ST
fective date is listed, the date must be specific an of filing.)	d cannot be more than five business days prior to or 90 (
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	h Ce
	\

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)