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K. SALY EXAMINER AUG 28 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

TO SECTION OF THE PARTY OF THE

July 25, 2014

BRIDGIT STONE BUDD PO BOX 1093 SANIBEL, FL 33957

SUBJECT: THE PECKING ORDER, LLC

Ref. Number: W14000045627

We have received your document for THE PECKING ORDER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 614A00015976

COVER LETTER

Division of Corporations
SUBJECT: The Pecking Order 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:
Bridgit Stone. Budd Name of Person
The Pecking Order, LLC
10 Box 1093
Saribel FL 33957 City/State and Zip Code
City/State and Zip Code Wildseed 2 @ earthlink.not E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bridgit Stove Rudolat 239 728-1920 Name of Person Parea Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee U\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) S125.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

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 I - 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: 760 Vinca Way Sambel FL 33957 Mailing Address: 80 Box 1093 Sambel FL 33957
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: \[\begin{align*} \text{\text{\text{Onsfrvcfion}}} \text{\text{\text{LC}}} \\ \text{Name} \\ \text{\text{Name}} \\ \text{\text{Florida street address (P.O. Box \text{NOT acceptable)}} \\ \text{\text{Sambel}} \text{FL} \text{33957} \end{align*}
City 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 605, F.S
Registered Agent's Signature (REQUIRED) Daniel Budd

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(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBER * MGR	Bridget Stone Budd 7100 Vinca way Sample FL 33957	
AMBR	Dan Budd 760 Vinca way Sanibul FL 33957	
(Use attachment if necessary)		
(Ose attachment if necessary)		
ARTICLE V: Effective date, if other than the date of fill an effective date is listed, the date must be specific the date of filing.) ARTICLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days after	
REQUIRED SIGNATURE:	BMSA SEE	
Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)		
O Tyr	ped or printed name of signee	
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)	ation and Designation of Registered Agent	
	Page 2 of 2	

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-