L14000177398

(Reque	stor's Name)	<u>.</u>
(Addres	ss)	<u></u>
(Addres	ss)	
(City/Si	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	

Office Use Only



000266212920

11/10/14--01014--020 **155.00

FILED 14 NOV 10 PH 2: 25 SEURETARY OF STATE

NOV 1 7 2014

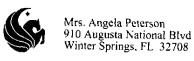
T. BROWN

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		nited Liability Company
The en	closed Articles of Organization and fee(s) ar	re submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
	angela D'	Name of Person
	ao Ret	EVSOY UC Firm/Company
	910 a	ugusta National Blub. Address
	Winter	Society/State and Rip Code 7
	anaptel Cama E-mail address: (1) be used	d for future annual report notification)
For fur	ther information concerning this matter, plea	ase call:
Arq	Plane of Person at (Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
	0 Filing Fee \$\sum \text{Status}\$ 130.00 Filing Fee & Certificate of Status	☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

al Reterson LLC application & check



Phone 620 249 3163 Check # 1870 = \$ 155, fileng, cert & status

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
AD Peterson 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:
and anyone national Blue & Same Willetuson III. GIO augusto Nate Blue Winter Spring Ft 32708 Winter Spring Ft 32708
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:
LUTZ 6 LLC
Name
2526 N Dundee
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33629
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Cinqueta D Peterson 410 augusta North Bus 15 unter Spring h 32708
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must be to filling.)	
CLE V: Effective date, if other than the effective date is listed, the date must be the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false in the effective date is listed.	e specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false in the constitutes are signature.	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

Page 2 of 2