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(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	.
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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K.SALY EXMINER EXMINER JAN 3 0 2015

COVER LETTER

Division of Corporations		
SUBJECT: MLP Global Ventures, LLC		
Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Mark L Peterka		
	Name of Person	
	Firm/Company	
7552 Shindler Drive	Address	
Jacksonville, FL 32222-2104		
	City/State and Zip Code	
mlpzeus@gmail.com E-mail address: (to be use	d for future annual report notificati	on)
For further information concerning this matter, ple	ase call:	
Mark L Peterka at (904) 904-777-8552	
Name of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Projection Section	Street/Courier Addre	<u>ess</u>
Registration Section Division of Corporations	Registration Section Division of Corporation	ons
P.O. Box 6327	Clifton Building	
Tallahassee FI 32314	2661 Executive Cente	r Carcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			7
The name of the Limited Liability Compar	/ is:		FU S MI
		•	
MLP Global Ventures, LLC			PISTAL S
	rds "Limited Liability Compa	any, "L.L.C.," or "LL	C.")
			明年 美
ARTICLE II - Address:		. 17 1 1 12	
The mailing address and street address of t	e principal office of the Limit	ted Liability Company	y is:
Principal Office Address:	Mailing Ado	tress:	O. C.
7552 Shindler Drive		dler Drive	
Jacksonville, FL 32222-2104		FL 32222-2104	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se	ered Office, & Registered A	gent's Signature:	e an individual or
ARTICLE III - Registered Agent, Regis	ered Office, & Registered A ve as its own Registered Ager da registration.)	gent's Signature:	e an individual or
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Flor The name and the Florida street address of	ered Office, & Registered A ve as its own Registered Ager da registration.)	gent's Signature:	e an individual or
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ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Floi The name and the Florida street address of Mark L Peterka 7552 Shindler D	ered Office, & Registered A ve as its own Registered Ager da registration.) the registered agent are: Name	gent's Signature: nt. You must designat	e an individual or
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Floi The name and the Florida street address of Mark L Peterka 7552 Shindler D	ered Office, & Registered A ve as its own Registered Ager da registration.) the registered agent are: Name	gent's Signature: nt. You must designat	e an individual or
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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

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Mark L Peterka
	7552 Shindler Drive
	Jacksonville, FL 32222-2104
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Use attachment if necessary)	
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f filing.)	and cannot be more than five business days prior to or 9
ective date is listed, the date must be specific of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to or 9
Tilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Adaba
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document
Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State
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Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.) The document of Signee Filing Fees:

ARTICLE IV-