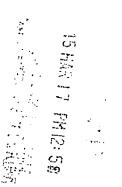
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificates	s of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



03/17/15--01006--007 **125.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Peter Vision LLC Name	e of Limited Liability Company
m	
The enclosed Articles of Organization and I	fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Adrian M. Peter	OD OD
	Name of Person
	Firm/Company
4871 Meritage Place	
	Address
Rockledge, Fl 32955	City/State and Zip Code
a time and a Committee	Only of the Life Code
adrian.peter@gmail.com E-mail address: (to	be used for future annual report notification)
For further information concerning this mat	ter, please call:
Adrian M. Peter	at (<u>321</u>) <u>208-7481</u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	nt:
✓ \$125.00 Filing Fee ☐\$130.00 Filing F Certificate of St	
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations 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:		
Peter Vision LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE H - Address: The mailing address and street address of the principal of		
Principal Office Address:	Mailing Address:	
4871 Meritage Place Rockledge, FL 32955 321-208-7481	4871 Meritage Place Rockledge, Fl 32955 321-208-7481	
ARTICLE III - Registered Agent, Registered Office, of The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered	Registered Agent. You must designate an individ n.)	ual or
Adrian M. Peter		
Name		
4871 Meritage Place Florida street address (P.O. Box	(NOT acceptable)	
Rockledge,	FL 32955	
City	Zip	
Having been named as registered agent and to accept ser 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 obl Chapt Registered Agent's Signat	t the appointment as registered agent and agree to of all statutes relating to the proper and complete ligations of my position as registered agent as proter 605, E.S.	act in this performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Adrian M. Peter		_
	4871 Meritage Place		
	Rockledge, FL 32955		_
1405			
MGR	Jancy Peter		
	4871 Meritage Place		
	Rockledge, FL 32955		_
			_
			_
			
(Use attachment if necessary) EV: Effective date, if other than the date of filinective date is listed, the date must be specific and filing.)			· 90 d
E V: Effective date, if other than the date of filing of filing.) E VI: Other provisions, if any.	and cannot be more than five business days p	orior to or	· 90 d
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ARTICLE IV-