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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	William A. Petri, Jr. LLC					
SCHIL	Name of L	imited Liabili	ity Company			
The enc	losed Articles of Organization and fee(s)	are submitted	for filing.			
Please re	eturn all correspondence concerning this	matter to the f	ollowing:			
	Daniel Petri, Esq.					
		Name of	Person			
		Firm/Co	mpany			
	1515 Seminole Road					
	Address					
	Jacksonville, FL 32205					
	d=9541@cmail.com	City/State an	d Zip Code			
	dp8541@gmail.com E-mail address: (to be use	ed for future a	nnual report notificat	ion)		
For furthe	er information concerning this matter, ple		•			
		434	825-7905			
	Name of Person	Area Code	Daytime Telephon	ne Number		
Enclose	d is a check for the following amount:					
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Address			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany, "L.L.C.," or "LLC.")	
Limited Liability Company is:	
Mailing Address:	
2584 Holkham Drive	
Charlottesville, VA 22901	
NOT acceptable)	
32205 Zip	
s for the above stated limited liability company at the registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Signature (REQUIRED)	

Page 1 of 2

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company. Name and Address: "AMBR" = Authorized Member "MGR" = Manager William A. Petri Jr. MCR. 2584 Holkham Drive Charlottesville, VA 22901 N/A N/A N/A (Use attachment if necessary) _, (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: Date of Filing (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.) Ċ William A. Petri Jr.

Page 2 of 2

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)

Typed or printed name of signee

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