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(Requestor's Name)					
(Address)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
LLC					

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T. Brown JUNES OFFIS

COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	Peace Properties Management & Maintenance LLC					
SUBJECT:Name of Limited Liability Company						
The enclose	ed Articles of Organization and fee(s) are submitted for filing.					
Please retu	rn all correspondence concerning this matter to the following:					
	Raj Desai					
	Name of Person					
	Peace Properties Management & Maintenance LLC					
	Firm/Company					
	3754 St Augustine Road					
	Address					
	Jacksonville, Florida 32207					
1	City/State and Zip Code peacehospitality@yahoo.com					
	E-mail address: (to be used for future annual report notification)					
For further in	nformation concerning this matter, please call:					
	Raj Desai 904 619-5870 at (
•	Name of Person Area Code Daytime Telephone Number					
Enclosed is	a check for the following amount:					
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\int \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$					

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Peace Properties	Management & Maintance I	LLC		
(Must 6	end with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and stre	et address of the principal of	ffice of the Limited	Liability Company is:	
<u>Prin</u>	Principal Office Address:		Mailing Address:	
3754 St Augustin	ne Road	3754	St Augustine Road	
Jacksonville, FL 32207				
RTICLE III - Registered the Limited Liability Comp	Agent, Registered Office, &	& Registered Ager Registered Agent.	t's Signature: You must designate an individual or	
RTICLE III - Registered The Limited Liability Compotent business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	& Registered Ager Registered Agent. \(\)	t's Signature:	
RTICLE III - Registered The Limited Liability Compotent business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration	& Registered Ager Registered Agent. \(\) n.) agent are:	t's Signature:	
RTICLE III - Registered The Limited Liability Compotent business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	& Registered Ager Registered Agent. \(\)	t's Signature:	
RTICLE III - Registered The Limited Liability Compotent business entity with	Agent, Registered Office, & any cannot serve as its own an active Florida registration eet address of the registered	& Registered Ager Registered Agent. \(\) n.) agent are:	t's Signature:	
RTICLE III - Registered The Limited Liability Compotent business entity with	Agent, Registered Office, a any cannot serve as its own an active Florida registration eet address of the registered Raj Desai	& Registered Ager Registered Agent. \n.) agent are: Name	t's Signature: You must designate an individual or	
RTICLE III - Registered The Limited Liability Compotent business entity with	Agent, Registered Office, a sany cannot serve as its own an active Florida registration eet address of the registered Raj Desai 3754 St Augustine Ro	& Registered Ager Registered Agent. \n.) agent are: Name	t's Signature: You must designate an individual or	

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)

Page 1 of 2

(CONTINUED)

	ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:				
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
	MGR	Raj Desai				
		3754 St Augstine Road				
		Jacksonsoville, FL 32207				
	AMBR	SANGITA DESAI 3754 St Augustine Road				
		Jacksonville, FL 32207				
		No.				
		ID-C-1				
						
		graduate white the state of the				
	(Use attachment if necessary)					
		3				
	LE V: Effective date, if other than the date of filing					
the date	of filing.)	applicable statutory filing requirements, this date will not be listed as				
	iment's effective date on the Department of State					
ARTICE	LE VI: Other provisions, if any.					
	REOUIRED SIGNATURE:					
	Signature of a member or an authorized representative of a member.					
		ecordance with section 605.0203 (1) (b), Florida Statutes.				
	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.				

Typed 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)

Raj Desai