## L15000145665

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	Certificates of Status			
Special Instructions to Filing Officer:					
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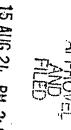
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08/24/15--01006--026 \*\*160.00

SECRETARY OF STATE





## **COVER LETTER**

**Registration Section** 

Division of Corporations	
SUBJECT: Inner Peace Enterprises LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Howard Binkow	***************************************
Firm/Company	
1750 Ben Franklin Drive #11G	
Sarasota, Florida 34236 City/State and Zip Code	
E-mail howardb@wedolisten.com	
For further information concerning this matter, please call:	
Howard Binkow at 941 388 0565 Area Couc Daytime-Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy	of Status &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:		ANDVEL
	•	1	FILED
	ER PEACE ENTE		15 AUG 24 PM 2:55
(Must end v	vith the words "Limited Liability (	Company, "L.L.C.," or "LLC.")	900cm
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office of the	e Limited Liability Company is:	SECRETARY OF STATE
Princips	al Office Address:	Mailing Addr	<b>258:</b>
1750 BEN FR	ANKLIN DN # 116	1750 BENFRAL	Live And H 11 G
SALASO	TA AL 34736	1753 BENFRANK VALASOTA, F	2 34/36
another business entity with an a	ctive Florida registration.)	d Agent. You must designate an ind	ividual or
The name and the Florida street a	address of the registered agent are:		
	HOWALD BIL	ANKLIS DA HILG	
	Name		
	1750 BEN FR	ANKLIS AN HILG	
	Florida street address (P.O. Bo	x NOT acceptable)	
	SALL SOTA	e Zip	
	City State	e Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the appointment a ovisions of all statutes relating to the ligations of my position as register Registered Agen	ess for the above stated limited liabils registered agent and agree to act is the proper and complete performanced agent as provided for in Chapter states Signature (REQUIRED)	n this capacity. I e of mv duties, and I
	Pag	elof2	

ARTICLE IV-	APPROVEL
i he name and address of each person author	prized to manage and control the Limited Liability Company
Title: "AMBR" = Authorized Member "MGR" = Manager  AMBL	Name and Address:  15 AUG 24 PM 2:
	ARAS. TA R 34V36
AMBR	BOCK RATON FC 33431
(Use attachment if necessary)	
ate of filing.)	ific and cannot be more than five business days prior to or 90 days a et the applicable statutory filing requirements, this date will not be listed
ICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	7/8
This document is execute I am aware that any false i constitutes a third degree	ther or an authorized representative of a member.  d in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State felony as provided for in s.8.17.155, 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)