## L15000149319

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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08/28/15--01009--012 \*\*125.00

SECRETARY OF STAIR
DIVISION OF CORPORATION

EFFECTIVE DATE 09/01/15

2 09/08/15

## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Suzanne M. Peterson, LLC		
SOBJEX.		Limited Liabil	ty Company
The encl	osed Articles of Organization and fee(s	) are submitted	for filing.
Please re	turn all correspondence concerning this	matter to the 1	ollowing:
	Suzanne M. Peterson		
		Name of	Person
	Suzanne M. Peterson, LLC		
		Firm/Co	nıpany
	2073 Carriage Lane		
		Addr	ess
	Clearwater, Florida 33765		
	fl3petes3@gmail.com	City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	r information concerning this matter, ple	ease call:	
	Suzanne M. Peterson	727 (	244-9323
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi-	\$160.00 Filing Fee, ed Copy al copy is enclosed) \$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

Suzanne M. Peterson, L.L.C	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "L.L.C.")
.E II - Address: ing address and street address of the principal off	ice of the Limited Liability Company is:
	ice of the Limited Liability Company is:  Mailing Address
ing address and street address of the principal off	

The name and the Florida street address of the registered agent are:

Suzanne M. Peterson

Name

2073 Carriage lane

Florida street address (P.O. Box NOT acceptable)

Clearwater Florida 33765

City State Zip

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..

Suzanne M. Peterson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

Title:  "AMBR" = Authorized Member  "MCR" = Manager	Name and Address:
"MGR" = Manager  AMBR	Suzanne M. Peterson
	2073 Carriage Lane
	Clearwater, Florida 33765
<del></del>	
(Use attachment if necessary)	
	of filing: September 1, 2015 (OPTIONAL)
	saifia and asnus the more than fire business dare miles to as 00 dare after
in effective date is listed, the date must be spe	ecific and cannot be more than five business days prior to or 90 days afte
n effective date is listed, the date must be spe date of filing.) e: If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be listed
on effective date is listed, the date must be spe date of filing.) te: If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be listed of State's records.
an effective date is listed, the date must be spe date of filing.)	neet the applicable statutory filing requirements, this date will not be listed
nn effective date is listed, the date must be spedate of filing.)  te: If the date inserted in this block does not make the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed

Signature of a member or an authorized representative of a member.

This document is executed in accordance 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.

Suzanne M. Peterson

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)

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SECRETARY OF STATE OF CORPORATION OF CORPORATION OF CORPORATION