

L15000197354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

~~W15 43702~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 19 PM 4:56

APPROVAL
AND
FILED

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEPPYMADE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEITH TREIBER

Name of Person

PEPPY MADE LLC

Firm/Company

100-112 SW 5TH STREET

Address

POMPANO BEACH, FL 33060

City/State and Zip Code

KEITH@PEPPYMADE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH

Name of Person

at

954

Area Code

946-5252

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional 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

RECEIVED
15 NOV -2 PM 14:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2015

KEITH TREIBER
100-112 SW 5TH STREET
POMPANO BEACH, FL 33060

SUBJECT: PEPPY MADE, LLC.
Ref. Number: W15000073902

We have received your document for PEPPY MADE, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 215A00023722

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV 19 PM 4:57

PEPPY MADE, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

112 SW 5 STREET

POMPANO BEACH, FL 33060

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

KEITH TREIBER

Name

2058 NW 52nd STREET

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

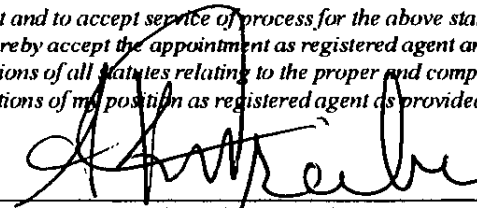
BOCA RATON, FL 33496

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..



Registered Agent's Signature (REQUIRED)

(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

MGR

AMBR

Name and Address:

ANGEL R. MELENDEZ JR
112 SW 5TH STREET
POMPAHO BEACH, FL 33060

KEITH A. TREIBER
2058 NW 52 STREET
BOCA RATON, FL 33496

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

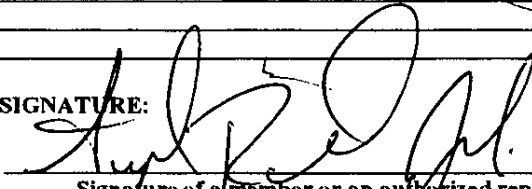
JANUARY 1, 2016 (OPTIONAL)

(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.

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.

ANGEL R. MELENDEZ JR.

Typed or printed name of signer

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)