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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Peli Swfboards, 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:
Daniel W. Capuano
Name of Person
Firm/Company
1700 S. Atlantic Ave. Unit 102
Address
Cocoa Beach, FL 32931
Cocoa Beach, FL 32931 City/State and Zip Code Peli Surfboards @ gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Daniero 221 5/12-0200

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

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PELI SURFBOR	GRDS, LLC.
(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:
1700 S. Atlantic Ave	← same
Unit 102 Cocoa Beuch, FL 32931	
ARTICLE III - Registered Agent, Registered Office, & Registe The Limited Liability Company cannot serve as its own Registered unother business entity with an active Florida registration.)	d Agent. You must designate an individual or 20
The name and the Florida street address of the registered agent are:	
<u>Paniel Capua</u>	mo -z
1700 S. Atlanti	CAVE Und 102
Florida street address (P.O. Box	x NOT acceptable)
Cocoa Beach, F	32931
City 'State	7:-

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager A R	Daniel W. Capuano 1700 S. Atlantic Ave Unit 102 Cocoa Beach, FL 32931 Julie Durham 1700 S. Ahartic Ave Unit 102 Cocoa Beach, Fl 32931
(Use attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) If the date inserted in this block does not ament's effective date on the Department	pecific and cannot be more than five business days prior to or 90 day meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is executam aware that any false.	ember or an authorized representative of a member. The information submitted in a document to the Department of State.
LE V: Effective date, if other than the date fective date is listed, the date must be sport filing.) If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not be a of State's records. The state of the statutory filing requirements of the state of th