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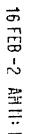
Office Use Only



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SECRETARY OF STATE







## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	PEACE BY THE SHORE, LLC	
SUBJEC	Name of	Limited Liability Company
The enclo	osed Articles of Organization and fee(s)	) are submitted for filing.
Please ret	turn all correspondence concerning this	matter to the following:
	VERA GRACA	
		Name of Person
	PEACE BY THE SHORE, LLC	
		Firm/Company
	1637 PINYON PINE DRIVE	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Address
	SARASOTA, FL 34240	
	VERA@PEACEBYTHESHORE.CO	City/State and Zip Code
	E-mail address: (to be us	sed for future annual report notification)
For further	information concerning this matter, ple	ease call:
	VERA GRACA	941 735-6449
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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	Street Address  New Filing Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

16 FEB -2 AM H: 15

PEACE BY THE SHORE, LLC

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

**ARTICLE II - Address:** 

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

Principal Office Address:	<u>Mailing Address</u> :
1637 PINYON PINE DRIVE	1637 PINYON PINE DRIVE
SARASOTA, FL 34240	SARASOTA, FL 34240

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:

VERA GRACA		
	Name	
1637 PINYON PIN	E DRIVE	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
SARASOTA	FL	34240
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)

Page 1 of 2

Title:	Authorized M	<b>.</b>	Name and Address	i	16 FEB -2	AM H:
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