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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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n 04/14/16

COVER LETTER

	livision of Corporations	
SUBJECT	Peplow Group	
SOBJECT		ne of Limited Liability Company
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.
Please retu	ırn all correspondence concernin	g this matter to the following:
	Jacob Peplow	
		Name of Person
	Peplow Group	
		Firm/Company
	12503 stone tower loop	
		Address
	fort myers, fl, 33913	
	peplow@icloud.com	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further i	nformation concerning this matt	er, please call:
	jacob peplow	414 3313090 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amou	int:
\$125.00 F	siling Fee \$130,00 Filing Certificate of S	Fee & \$155.00 Fiting Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Peplow Group LLC	with the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
·			,,	
ARTICLE II - Address: The mailing address and street:	address of the principal o	office of the Limited	Liability Company is:	
The manning address and succe	address of the principal o	ince of the Limited	Liaonity Company is.	
<u>Princi</u>	pal Office Address:		Mailing Address:	
12503 stone tower l	loop	1250	3 stone tower loop	
fort myers, fl			nyers, fl	
33913		3391		
·	active Florida registratio	on.)	ou must designate an individual or	
another business entity with an The name and the Florida stree	active Florida registratio	on.)		
·	active Florida registration	on.)		
·	active Florida registration	on.) I agent are: Name		
·	active Florida registration t address of the registered jacob peplow	on.) I agent are: Name		
·	t address of the registered jacob peplow 12503 stone tower lo	on.) I agent are: Name		
·	t address of the registered jacob peplow 12503 stone tower to Florida street address	on.) I agent are: Name sop s (P.O. Box NOT ac	cceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	U — A.,41-a.i.a.d 3.6	Name and Address:
	" = Authorized Member	•
"MGR" <u>-MGR/0</u> "N E R	= Manager	Jacob peplow
HALEA	WINER	
AE(F		fort myers, fl, 33913
		loft inyers, fr, 33913
A ram	MBR	Susan Ruel
	 	12503 stone tower loop
		fort myers, florida
	.,	
CLE V: Effective da te of filing.)	te is listed, the date mu	the date of filing:
CLE V: Effective da te of filing.) If the date ocument's ef	ective date, if other than te is listed, the date mu	
CLE V: Effective da te of filing.) If the date ocument's ef	ective date, if other than te is listed, the date must inserted in this block defective date on the Depher provisions, if any. RED SIGNATURE:	pes not meet the applicable statutory filing requirements, this date will not artment of State's records.
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CLE V: Effective da te of filing.) If the date ocument's ef	rective date, if other than te is listed, the date must inserted in this block do fective date on the Depher provisions, if any. RED SIGNATURE: Signature This document I am aware that constitutes a this	pes not meet the applicable statutory filing requirements, this date will not artment of State's records. Of a member or an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State
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CLE V: Effective date of filing.) If the date cument's effective VI: Other REOUIL	rective date, if other than te is listed, the date must inserted in this block do fective date on the Depher provisions, if any. RED SIGNATURE: Signature This document I am aware that constitutes a this	pes not meet the applicable statutory filing requirements, this date will not artment of State's records. If a member or an authorized representative of a member. The executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: es of Organization and Designation of Registered Agent

ARTICLE IV-

Page 2 of 2