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Office Use Only



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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	Pearl Financial, LLC		
SUBJECT		Limited Liabi	lity Company
The enclos	ed Articles of Organization and fee(s)	are submitted	d for filing.
Please retu	rn all correspondence concerning this	matter to the	following:
	Peter Jansen		
		Name of	f Person
		Firm/Co	ompany
	2222 Salt Myrtle Lane		
		Addı	ress
	Fleming Island, FL 32003		
	pjansen5@aol.com	City/State ar	nd Zip Code
•	E-mail address: (to be us	ed for future	annual report notification)
For further i	nformation concerning this matter, ple	ase call:	
	Peter Jansen at (	904	463-3808
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certifلـــــا	00 Filing Fee & \$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

The name of the Limited Liability Company is:    Pearl Financial, LLC	ARTICLE I - Name:			
(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:  2222 Salt Myrtle Lane Fleming Island, FL 32003  Fleming Island, FL 32003  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:  Peter Jansen	The name of the Limited Liability	Company is:		
(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:  2222 Salt Myrtle Lane Fleming Island, FL 32003  Pleming Island, FL 32003  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:  Peter Jansen				
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The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:	(Must end w	ith the words "Limited L	iability Co	mpany, "L.L.C.," or "LLC.")
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:   Mailing Address:	ADTICLE II A44			
Principal Office Address:  2222 Salt Myrtle Lane Fleming Island, FL 32003  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:  Peter Jansen		tress of the principal off	ice of the L	imited Liability Company is:
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	(The Limited Liability Company of another business entity with an ac	annot serve as its own R tive Florida registration.	legistered A	
Name		Peter Jansen		
			Name	
2222 Salt Myrtle Lane		2222 Salt Myrtle Lane		
Florida street address (P.O. Box NOT acceptable)			P.O. Box I	NOT acceptable)
Flaming Island FI 32003			_	

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..

State

Zip

City

Registered Agent siSignature (REQUIRED)

(CONTINUED)

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	Title: "AMBR" = Authorized	Member	Name and Address:
	"MGR" = Manager		D-4 I
	AMBR		Peter Jansen  2222 Salt Myrtle Lane
			Fleming Island, FL 32003
			Freming Island, FL 32003
	(Use attachment if nece	ssary)	
'IC	LE V: Effective date, if o	ther than the date of filing:	: (OPTIONAL)
ı ef	LE V: Effective date, if c fective date is listed, the of filing.)	ther than the date of filing: date must be specific and	: (OPTIONAL) d cannot be more than five business days prior to or 90 days
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Peter Jansen

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