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(Requestor's Mame)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

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17 AUG 25 AM II:

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953

www.Incserv.com e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building

2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/25/2017

PRIORITY Routine

OUR REF # (Order ID#) 596217

ORDER ENTITY

PEAK FINANCIAL PARTNERS-BHANG, L.L.C.

PLEASE PERFORM THE FOLLOWING SERVICES:

PEAK FINANCIAL PARTNERS-BHANG, L.L.C. (FL)

New LLC filing

Please obtain a certified copy as evidence.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely, via E-mail

TALLAHASSEE FLORIDA
17 AUG 25 AM 11:56

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PEAK FINANCIAL PARTNERS- BHANG, L.L.C. (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1191 BANYAN ROAD BOCA RATON, FLORIDA 33432	1191 BANYAN ROAD BOCA RATON, FLORIDA 33432
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
SEAN SULLIVAN	
Name	
1191 BANYAN ROAD Florida street address (P.O. Box 1	NOT acceptable)
BOCA RATON	FL 33432
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance eations of my position as registered agent as provided for in 605, F.S
(CONTINUE)	TACLA)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SEAN SULLIVAN
	1191 BANYAN ROAD
	BOCA RATON, FLORIDA 33432
AMBR/MGR	BRIEN REIDY
	1191 BANYAN ROAD
	BOCA RATON, FLORIDA 33432
	·
(Use attachment if necessary) E.V: Effective date, if other than the elective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the ective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 day
JE V: Effective date, if other than the dective date is listed, the date must be of filing.) JE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	e specific and cannot be more than five business days prior to or 90 day
JE V: Effective date, if other than the dective date is listed, the date must be of filing.) JE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, afformation submitted in a document to the Department of State alony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, afformation submitted in a document to the Department of State alony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in constitutes a third degree fermion Brien Reidy	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Iformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent