

L17000231335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100303157991

10/06/17--01014--028 \*\*52.50

11/08/17--01011--001 \*\*77.50

NOV 09 2017

T. SCOTT

APPROVED  
AND  
FILED  
17 NOV -9 AM 9:16  
CLERK OF DISTRICT COURT  
J. SCOTT

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Maryann L Pelonisky, 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:

Maryann L Pelonisky  
Name of Person

Maryann L Pelonisky LLC  
Firm/Company

3210  
~~2602~~ Gulf Blvd. #206  
Address

Bellaire Beach, FL 33786  
City/State and Zip Code

Sailmaip@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald E Kantner at ( 727 ) 443-6734  
Name of Person Area Code Daytime Telephone Number

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
- See enclosed letter* (additional copy is enclosed) (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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maryann L Peltonisky LLC  
(Must contain 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:

<u>3210</u> <u>Principal Office Address:</u>	<u>3210</u> <u>Mailing Address:</u>
<u><del>3602</del> Gulf Blvd #206</u>	<u><del>3602</del> Gulf Blvd #206</u>
<u>Belleair Beach, FL 33786</u>	<u>Belleair Beach, FL 33786</u>

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:

Maryann L Peltonisky  
3210                      Name  
~~3602~~ Gulf Blvd #206  
Florida street address (P.O. Box **NOT** acceptable)  
Belleair Beach FL 33786  
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..

Maryann L Peltonisky  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED  
17 NOV - 9 AM 9:16  
CLERK OF CIRCUIT  
JUDICIAL CIRCUIT  
IN AND FOR FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Maryann L. Pekonsky  
3800 GOLF BLVD, # 206  
Belleair Beach FL 33786

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

None

**REQUIRED SIGNATURE:**

Maryann L. Pekonsky

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

October 31, 2017

New Filing Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

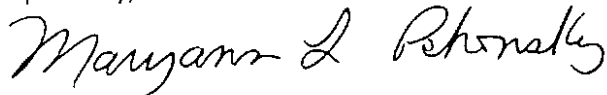
Tallahassee FL 32301

To whom it may concern:

In 2013 I dissolved my company, MA Perhonsky LLC, through the Division of Corporations. Recently I found I needed to reactivate the name. I applied to the division for revocation along with the fee of \$52.50. The division informed me by mail (copy of letter enclosed). My application was past the 120-day limit for revocation and to reapply as a new LLC.

A call to the Division of Corporations resulted in obtaining the information that my fee for the rejected Revocation could be applied to the new LLC application. I am therefore requesting that this be done and that the enclosed check in the amount of \$77.50 be accepted as payment in full for the LLC.

Respectfully,

A handwritten signature in cursive script, reading "Maryann L. Perhonsky".

Maryann L. Perhonsky

Encl. 5