L18:000018663

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

TO:	Registration Division of C			
SUBJE	CT: <u>PAE</u> Or	nline Marketing Enterprises Name of Lim	s LLC nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corre	spondence concerning this ma	atter to the following:	
	Richard A	A Peterson		
			Name of Person	
			Firm/Company	
	<u> 1709 W</u>	Cass St.		·
			Address	
	Tampa, I		City/State and Zip Code	
<u>.p</u> .	ae100@hotma		d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Richa		at (_i ne of Person		lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.6	00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section	Street/Courier Add Registration Section	res <u>s</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AIN	TICLESOF ORGANIZATION F	OKTEORIDA IZMITERA IZADUZI I COMEMI	13		
			•	œ	
ARTICLE I - Name:				<u></u>	
The name of the Limi	ted Liability Company is:		-:	JAN.	
				19	77
			17.	9	
	ing Enterprises LLC		-::	> -	G
((Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC."	")ュ"、		\heartsuit
			:- 5	ထ	
ARTICLE II - Addr			3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	53	
The mailing address a	and street address of the princip	oal office of the Limited Liability Company i	s: 🚉 🖽	ت	
Principal Office Add	lress:	Mailing Address:			
1709 W. Cass St.		1709 W. Cass St			
Tampa, FL 33606		Tampa, FL 33606			
The name and the Flo	rida street address of the regist	tered agent are:			
	Richard A Peterson				
	i	Tame			
	1709 W. Cass St.				
	Florida street address (P.O.	Box NOT acceptable)			
	_Tampa	FL 33606			
	City	Zip			
the place designat capacity. I further a	ed in this certificate, I hereby a agree to comply with the provis. am familiar with and accept th	pt service of process for the above stated limit accept the appointment as registered agent and ions of all statutes relating to the proper and c we obligations of my position as registered age	d agree to c complete p	act in t erform	this tance

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	D: 1 1 2 2 4
AMBR	Richard A Peterson 1709 W. Cass St.
	Tampa, FL 33606
	<u> 1411198, 1 E 330000 </u>
	
•	
	of filing:
EV: Effective date, if other than the date ective date is listed, the date must be spe	
EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.)	
EV: Effective date, if other than the date ective date is listed, the date must be speof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ective date is listed, the date must be spend filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under lam aware that any false information.)	

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)