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## **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Petersen Translations, 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:  |
| Kyle Petersen Name of Person   |
|  |
| Firm/Company   |
| 789 Crandon Blvd, # 906  |
| / Ida ess  |
| Key Biscayne, FL 33149  City/State and Zip Code  Kyle C Petersentranslations.com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Kyle Petersen at (305) 967-8454  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \te |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301   |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ICLE II - Address:         |  |  |
|----------------------------|--|--|
| mailing address and street | address of the principal office of the Lim | ited Liability Company is:                     |
| <u>Princi</u>              | pal Office Address:                        | Mailing Address:                               |
| 789 Cra                    | ndan B/W, #906<br>cayno, FL 33149          | 789 Crandin Blvd #906<br>Key Biscayne, PL 3349 |
| Key Bis                    | cayno, FL 33149                            | Key Biscayne, PL 3349                          |
|                            |  |  |

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kyle Petersen

Name

789 Crandon Blvd, #906

Florida street address (P.O. Box NOT acceptable)

KRY Biscayne, FL 33/49

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..

(CONTINUED)

| (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days adate of filing.)  It: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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.  Kyle Petersen  Typed or printed name of signee  Filling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | "MGR" = Manager  | zed Member  | Name and Address:  |
|--|--|---|--|
| (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:  neffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days thate of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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 at third degree felony as provided for in s.817.155, F.S.  Kyle Petersen  Typed or printed name of signee  Filling Fees:   |  |   | Kulo Peterson  |
| (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:  |  | <del></del>   |  |
| REQUIRED SIGNATURE:  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.  Light Petersen  Typed or printed name of signee  Filing Fees:   |  |   | Key BISCAYTE, PL 33149   |
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|  | late of filing.) e: If the date inserted in document's effective date   ICLE VI: Other provision   REOUIRED SIGN   This I ar   | this block does not meet the on the Department of Statons, if any.  IATURE:  Signature of a member s document is executed in a ware that any false informations a third degree felon stitutes a third degree felon. | or an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State was provided for in a 847 155 E.S.  |
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| \$ 30.00 Certified Copy (Optional)   | late of filing.)  2: If the date inserted in document's effective date of the date inserted in document's effective date of the date of th | this block does not meet the on the Department of States ons, if any.  Signature of a member s document is executed in a ware that any false informstitutes a third degree felon                                    | or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  begin{align*}  begin{align*}  c) FUSEN ed or printed name of signee    Continued to the department of State |

ARTICLE IV-