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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Petersen Accounting & Tax Services, 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		
700 () 81.1 +00(
789 Crandon Blud, #906		
Key Biscayne, FL 33/49 City/State and Zip Code Kyle. petersen & Cpa. 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:		
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed)		
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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:				
Petersen Accounting (Must contain the words "Limited Liabylity	S Tax Servicas, LLC Company, "L.L.C.," or "L.L.C.")			
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
789 Crandon Blvd, # 906 KRy Biscoyne, FL 33/49	789 Crandon Blud, #906 Key Biscayre FL 33/49			
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	<u> </u>			
The name and the Florida street address of the registered agent an	re: Fig. 5			
Kyle Peter:	sen			
	කිටි 🖜 🔟			
789 Crandon Blud, # 906 Florida street address (P.O. Box NOT acceptable) Kon Cicconnec El 33/49				
Key Biscayre, FL 33/49 SEE F				

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Kyle Petersen
	Key Biscayn, FL 33/49
 	
(Use attachment if necessary)	
ne date of filing.) Note: If the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ne document's effective date on the Department of State' RTICLE VI: Other provisions, if any.	's records.
REOUIRED SIGNATURE:	
This document is executed in ac I am aware that any false inform constitutes a third degree felony	r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
<u>Kyle Pe</u>	Tersell d 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)