

L18000236926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

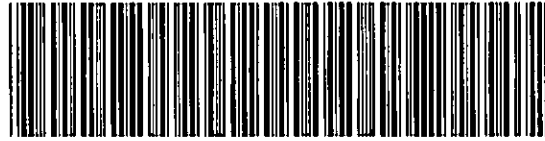
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/21/18--01009--010 **160.00

OCT 16 2018

K. PAGE

18 OCT -5 AM 1:39
SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

ATTN: KEYNA PAGE

ORIGINAL SUBMISSION WAS FOR PEEK PROPERTIES AND
WAS CORRECTED w/ the Documents enclosed.

Please Call 904 860 4664 with ANY QUESTIONS

ANDRE PEEK


COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PEEK ENTERPRISES
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:

ANDRE PEEK
Name of Person

PEEK ENTERPRISES
Firm/Company

8074 GATE PARKWAY WEST #4105
Address

JACKSONVILLE FL 32216
City/State and Zip Code

A.D. PEEK 82@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE PEEK at (904) 860 4666
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 (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ANDRE PEEK
8074 GATE PARKWAY W #4105
JACKSONVILLE FL 32216

(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.

REQUIRED SIGNATURE:

ANDRE D. PEEK

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.

ANDRE D. PEEK

Typed or printed name of signer

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT -5 AM 1:39
TALLAHASSEE, FLORIDA