1250006812

(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:
3
L

Office Use Only



600443417526

01/30/25--01005--019 **130.00

COVER LETTER

Division of Cor			
SUBJECT: Gina Peiffe			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this man	tter to the following:	
Gina Peitfer			
		Name of Person	
Gina Peiffer	Consulting LLC		
		Firm/Company	
1322 Highfi	eld Lane		
		Address	
Middleburg.	FL 32068		
		ty/State and Zip Code	
	I5@gmail.com		
ł	E-mail address; (to be used)	for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
Gina Peiffer	at (60	9 576-7527	
Nam		rea Code Daytime Telephon	e Number
Enclosed is a check for the	ne 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)
·	g Address iling Section	Street Address New Filing Section Di	ivision :

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(CONTINUED)

ARTICLE IV-

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

se attachment if necessary) V: Effective date, if other than the date of filing:		Memoer		
se attachment if necessary) V: Effective date, if other than the date of filing:	'MGR" = Manager			
se attachment if necessary) V: Effective date, if other than the date of filing:			Gina Peiffer	
Signature of a member or an applicative depresentative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statues. 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. Gina Peiffer Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 3.0.00 Certified Copy (Optional)	ANIDK	_	1322 Highfield Lane	
se attachment if necessary) V: Effective date, if other than the date of filing:			Middleburg, FL 32068	
se attachment if necessary) V: Effective date, if other than the date of filing:				
se attachment if necessary) V: Effective date, if other than the date of filing:				
se attachment if necessary) V: Effective date, if other than the date of filing:				
Signature of a member or an arthorized representative of a member. This document is executed in accordance with secundary and accordance with secundary false in formation submitted in a hocament of State (some filing). EOUIRED SIGNATURE Signature of a member or an arthorized 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. Gina Peiffer Typed or printed name of signee Filling Fees: St 25.00 Filling Fee for Articles of Organization and Designation of Registered Agent (5.30.00 Certified Copy (Optional))				
Signature of a member or an arthorized representative of a member. This document is executed in accordance with secundary and accordance with secundary false in formation submitted in a hocament of State (some filing). EOUIRED SIGNATURE Signature of a member or an arthorized 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. Gina Peiffer Typed or printed name of signee Filling Fees: St 25.00 Filling Fee for Articles of Organization and Designation of Registered Agent (5.30.00 Certified Copy (Optional))				
Signature of a member or an arthorized representative of a member. This document is executed in accordance with secundary and accordance with secundary false in formation submitted in a hocament of State (some filing). EOUIRED SIGNATURE Signature of a member or an arthorized 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. Gina Peiffer Typed or printed name of signee Filling Fees: St 25.00 Filling Fee for Articles of Organization and Designation of Registered Agent (5.30.00 Certified Copy (Optional))				
Signature of a member or an authorized representative of a member. This document is executed in scordarde 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. Gina Peiffer Typed or printed name of signce Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 53.000 Certified Copy (Optional)		_		
Signature of a member or an authorized representative of a member. This document is executed in scordarde 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. Gina Peiffer Typed or printed name of signce Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 53.000 Certified Copy (Optional)				
Signature of a member or an authorized representative of a member. This document is executed in scordarde 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. Gina Peiffer Typed or printed name of signce Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 53.000 Certified Copy (Optional)				
Signature of a member or an authorized representative of a member. This document is executed in scordarde 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. Gina Peiffer Typed or printed name of signce Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 53.000 Certified Copy (Optional)				
Signature of a member or an authorized representative of a member. This document is executed in scordarde 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. Gina Peiffer Typed or printed name of signce Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 53.000 Certified Copy (Optional)		_		
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:	Lisa otto shanar if os ss	aaners)		
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. Gina Peiffer Typed or printed name of signee Filing Fees: 5125,00 Filing Fee for Articles of Organization and Designation of Registered Agent 530,00 Certified Copy (Optional)		if any.		
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. Gina Peiffer Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 530.00 Certified Copy (Optional)	•			
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. Gina Peiffer Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 530.00 Certified Copy (Optional)				
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. Gina Peiffer Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 530.00 Certified Copy (Optional)	REOUIRED SIGNAT	urr	Reifer	
Cina Peiffer Typed or printed name of signee Filing Fees: 6125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 630.00 Certified Copy (Optional)	REOUIRED SIGNAT	URE MA	per or an authorized representative of a member.	
Gina Peiffer Typed or printed name of signee Filing Fees: F125.00 Filing Fee for Articles of Organization and Designation of Registered Agent F10.00 Certified Copy (Optional)	REOUIRED SIGNAT Signat This do	URE MALE IN THE INTERIOR IN T	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Stat	nutes.
Typed or printed name of signee Filing Fees: F125.00 Filing Fee for Articles of Organization and Designation of Registered Agent F10.00 Certified Copy (Optional)	REOUIRED SIGNAT Si This do I am aw	ignature of a memlecument is executed trare that any false in	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of S	nutes.
Filing Fees; 6125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 6 30.00 Certified Copy (Optional)	Signat Signat Signat This do	ignature of a memleument is executed that any false in the a third degree fe	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of S	nutes.
Filing Fees: 6125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 6-30.00 Certified Copy (Optional)	Signat Signat This do I am aw	ignature of a member of a member is executed that any false in the a third degree fe	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of Slony as provided for in 8.817.155, F.S.	nutes.
3125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 3-30.00 Certified Copy (Optional)	Signat Signat This do I am aw	ignature of a member of a member is executed that any false in the a third degree fe	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of Slony as provided for in 8.817.155, F.S.	nutes. State
3 30.00 Certified Copy (Optional)	Signat Signat Signat This do	ignature of a member of a member is executed that any false in the a third degree fe	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of Slony as provided for in s.817.155, F.S.	nutes. State
	Signat Si	ignature of a memle cument is executed care that any false in ites a third degree fe	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of Slony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	nutes.
	Signat Signat	ignature of a member of a memb	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Stat formation submitted in a document to the Department of Slony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	nutes. State

,