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COVER LETTER

TO:

Registration Section
Division of Corporations

			*
SUBJECT: Bruce a	and Diane Stark LLC		
	(Name of Limite	d Liability Company)	
The analoged Artisles of	f Organization and foo(s) are a	uhmittad Car Clina	
The enclosed Articles of	f Organization and fee(s) are s	uomined for ming.	
Please return all corresp	ondence concerning this matte	er to the following:	
Clarence B	. Stark II_		
		Name of Person)	
Bruce and	Diane Stark LLC		
	(Firm/Company)	
1324 Wind	Irush Cove		
		(Address)	
Niceville, F	FL 32578		
	(City	/State and Zip Code)	<u> </u>
	e de la		
For further information (concerning this matter, please	call:	
Diane L. Stark		at (850) 897-994	8
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Bruce and Diane Stark LLC (Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1324 Windrush Cove	1324 Windrush Cove
Niceville, FL 32578	Niceville, FL 32578
business entity with an active Florida registration.) The name and the Florida street address of	on Registered Agent. You must designate an individual or another of the registered agent are:
Clarence B. Stark II	Name
1324 Windrush Cove)
	treet address (P.O. Box NOT acceptable)
Niceville, City,	FL 32578 , State, and Zip
liability company at the place designate registered agent and agree to act in this c	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2 O7 JAN 16 AM II: 31
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Clauman D. Charlett	
MGK	Clarence B. Stark II 1324 Windrush Cove	
	Niceville, FL 32578	
	Nicevine, FL 32076	
MGR	Diane L. Stark	
	1324 Windrush Cove	
	Niceville, FL 32578	
		-
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		 ·
(Use attachment if necessar	y)	
I F V. Offactive data if other	or than the date of Glings (OD	TIONIALL
	er than the date of filing: (OP te must be specific and cannot be more than five busin	
days after the date of filing		css days pro
*	,,	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Clarence B. Stark II

Typed 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)
\$ 5.00 Certificate of Status (Optional)