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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Effective Date



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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 9 2011

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Stavola 84 PSPT 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:		
John S. Rudnianyn	···	
Name of Person		
Stavola 84 PSPT LLC		
Firm/Company		
2441 NE 3rd Street Suite 201		
Address	A SEC	
Ocala, Florida 34470	CRET	
City/State and Zip Code	5 SER - 6	
reception@IPSOcala.com	EE. P.	
E-mail address: (to be used for future annual report notification)	8: 45 STATE LORID	
For further information concerning this matter, please call:		
John S. Rudnianyn 352 629-6101	-	
Name of Person Area Code & Daytime Telephone Number	<del></del>	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	f Status & py	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
The state of the s		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Stavola 84 PSP1	h the words "Limited Liability	Company, "L.L.C.," or "LL	C.")		
	•	,	ŕ		
ARTICLE II - Address: The mailing address and st	treet address of the prin	cipal office of the Lin	nited Liability Con	npany i	is:
_			•		
Principal Office Address	<u>•</u>	Mailing Address:			
2441 NE 3rd Street		2441 NE 3rd Street			
Suite 201		Suite 201	·		
Ocala, Florida 34470		Ocala, Florida 34470	7	20H	
ARTICLE III - Registere (The Limited Liability Company cabusiness entity with an active Flor The name and the Florida solution John	innot serve as its own Registere rida registration.)	ed Agent. You must designate		AUG -8 AM 8: 45	
2441	NE 3rd Street	Suite 201	A	ഗ	
	Florida street addre	ss (P.O. Box NOT accepta	- able)		
Ocala		<sub>FL</sub> 34470			
	City, State	, and Zip	-		
Having been named as reg liability company at the registered agent and agree statutes relating to the pr	e place designated in this e to act in this capacity.	s certificate, I hereby a I further agree to com	sccept the appointm ply with the provisi	ent as ons of a	all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

Page 1 of 2

# Title: "MGR" = Manager "MGRM" = Managing Member MGR John S. Rudnianyn 2441 NE 3rd Street Ocala, FL 34470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-5-11. (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.)

## **REQUIRED SIGNATURE:**

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. 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.)

John S. Rudnianyn

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

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

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)