

L00000002576

404 S. Florida Avenue
Suite 600
Tallahassee, FL 32310-813

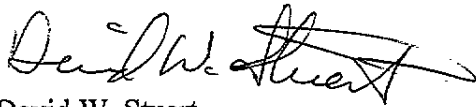
February 22, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

Please find enclosed an application for a limited liability company. My daytime phone number is 863-644-1809.

Sincerely,



David W. Stuart
Enclosures (2)

FILED
00 MAR -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name	AL 3-8
Availability	
Owner	
Examiner	
Updater	
Underwriter	
Verifier	
Submittal	
W.P. Verifier	



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 29, 2000

DAVID STUART
4404 S. FLORIDA AVENUE, SUITE 6
LAKELAND, FL 33813

SUBJECT: THE STUART GROUP LLC
Ref. Number: W00000005391

FILED
00 MAR -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE STUART GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 100A00010891

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE STUART GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4404 S. Florida Avenue
Suite 6

Lakeland, FL 33813

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

David W. Stuart
_____ Name
4404 S. Florida Ave., Ste. 6
_____ Florida street address (P.O. Box NOT acceptable)
Lakeland FL 33813
_____ City, State, and Zip

FILED
00 MAR -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..

David W. Stuart

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

David W. Stuart

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.)

David Stuart

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)