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# Florida Department of State

Division of Corporations
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To:

Division of Corporations

• Fax Number : (850)205-0383

From:

Account Name : JACK R. LOVING, P.A.

Account Number: 070324003656
Phone: (954)764-1005

Fax Number : (954)764-1499

## LIMITED LIABILITY COMPANY

Stirrat 804, L.L.C.

Certificate of Status	0
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12/28/01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Stirrat 804, L.L.C.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6339 Long Leaf Pine Drive, Jupiter, Florida 33458.

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

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

Scott M. Stirrat
Name
6339 Long Leaf Pine Drive
Address
Impiter, Florida 33458
City, State, and Zip

Having been numed 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 statues relating to the proper and comlete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for the Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (check box if applicable):

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

Signature of a member or an authorized representative of a member

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

Scott M. Stirrat

Typed or printed name of signee

TOTAL P.02

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