

L02000014660

nt By: LESLIE ROBERT EVANS & ASSOCIATES, P.A.; 5 832 572 Jun-12-10 10AM Page 1/2  
Division of Corporations

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000151407 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : LESLIE ROBERT EVANS & ASSOCIATES, P.A.  
Account Number : 105260003565  
Phone : (561) 832-8288  
Fax Number : (561) 832-5722

DIVISION OF CORPORATION

02 JUN 12 PM 3:03

02 JUN 12 AM 10:58

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

4/2  
6/12

LIMITED LIABILITY COMPANY

STANELLA, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

2/

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

STANELLA, LLC

### ARTICLE II - Address:

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

214 Brazilian Avenue, Suite 200, Palm Beach, Florida 33480

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

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

Leslie R. Evans, Esquire

Name

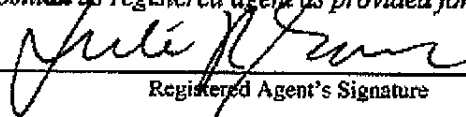
214 Brazilian Avenue, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach FL 33480

City, State, and Zip

*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.*



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)



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.)

Leslie R. Evans

Typed or printed name of signer

### 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)

02 JUN 12 PM 3:03  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS