

Requester's Name  
**L02000026277**

City/State/Zip

Phone #



~~6267 East Marginal Way S.~~

~~Seattle, WA 98108~~

**TOM H STANLEY**  
**3017 CUNARD DR**  
**VALRICO FL**  
**33594**

Office Use Only

T NUMBER(S), (if known):

14

(Document #)

(Document #)

02 OCT -4 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE  
10/15/02

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

**100008211491--8**  
**-10/04/02--01066--003**  
**\*\*\*\*125.00 \*\*\*\*125.00**

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

BK

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

STANLEY MARKETING & CONSULTING, LLC

## ARTICLE II - Address:

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

3017 CUNARD DR VALRICO, FL 33594

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

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

Tom H. STANLEY  
Name

3017 CUNARD DR

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

VALRICO FL 33594  
City, State, and Zip

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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.

x Tom H. Stanley  
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.

ARTICLE V - EFFECTIVE DATE OCTOBER 15 2002  
(An additional article must be added if an effective date is requested)

x Tom H. Stanley  
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.)

Tom H. STANLEY  
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)