

L02000029171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

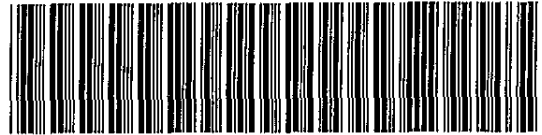
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
02 NOV - 1 AM 8:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Office Use Only



000008490910

02 NOV - 1 PM 1:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED
AND
FILED

20-10-02
11-01-02



ACCOUNT NO. : 072100000032

REFERENCE : 772244 7352861

AUTHORIZATION :

Patricia Knight

COST LIMIT : \$ 125.00

ORDER DATE : October 5, 2002

ORDER TIME : 3:50 PM

ORDER NO. : 772244-001

CUSTOMER NO: 7352861

CUSTOMER: Ms. Ann M. Stark
Ms. Ann M. Stark

2731 N.e. 14th Street, 735b

Pompano Beach, FL 33062

DOMESTIC FILING

NAME: STARK SOLUTIONS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - EXT. 1124

EXAMINER'S INITIALS: _____

02 NOV - 1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STARK SOLUTIONS, LLC

ARTICLE II - Address:

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

2731 N.E. 14th Street, 735B, Pompano Beach, Florida 33062

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

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
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.

Corporation Service Company

By: Deborah D. Skipper
Registered Agent's Signature

Deborah D. Skipper
Asst. V. Pres

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)

Deborah D. Skipper
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.)

Deborah D. Skipper
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV -1 PM 1:15

FILED
AND
RECORDED

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of STARK SOLUTIONS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 21st day of October, 2002.

Nancy L. Stark Ann M. Stark
Signature
NANCY L. STARK
Ann M. STARK
Print Name of Signer

WITNESS:

[Signature]
Signature
LYRNA WESLEY
Print Name of Witness

WITNESS:

[Signature]
Signature
PAT SMUCKER
Print Name of Witness

City/County of Loudoun Commonwealth State of Virginia
Sworn to and subscribed before me this 21 day
of OCT, 2002. Witness my hand and official seal.
[Signature] Notary Public
COM. EXP. 4-30-03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV - 1 PM 1:15

AND
FILED

MANAGING MANAGERS
OF
STARK SOLUTIONS LLC

Ann Stark
2731 N.E. 14th Street
735B
Pompano Beach, Florida 33062

Nancy L. Stark
20451 Chesapeake Square
#203
Potomac Falls, Virginia 20165

Joseph W. Stark
13104 S. 2nd Street
Schoolcraft, Michigan 49087

APPROVED
AND
FILED
02 NOV - 1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA