

103000000467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

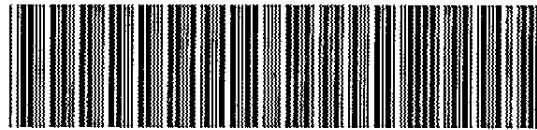
(Document Number)

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~~202-36041~~  
1-6-03  
md

## STEPHENSON INTERIORS, INC.

30 Terrace Ave.  
Mianhe, CT 06357  
Tel. (800) 739-2811  
Fax (800) 691-2210

5548 Shadow Lawn Dr.  
Sarasota, FL 34242  
Tel. (941) 312-9072  
Fax (941) 346-1599

December 18, 2002

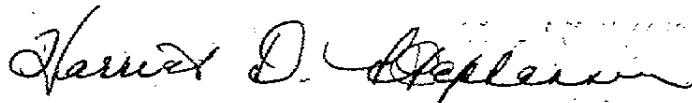
Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs/Madam:

Enclosed is the documentation related to the initiation of Stephenson Interiors as a Limited Liability Company.

Please contact me if further information is needed.

Sincerely,



Harriet D. Stephenson  
Manager



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

December 30, 2002

HARRIET D STEPHENSON  
5548 SHADOW LAWN DR.  
SARASOTA, FL 34242

SUBJECT: STEPHENSON INTERIORS, INC.  
Ref. Number: W02000036041

We have received your document for STEPHENSON INTERIORS, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE GIVE NAME AND ADDRESS OF THE LIMITED LIABILITY COMPANY.,

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 202A00067689

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

STEPHENSON INTERIORS, LLC

### ARTICLE II - Address:

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

5548 SHADOW LAWN DRIVE  
SARASOTA, FL. 34242-1835

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

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

HARRIET D. STEPHENSON  
Name  
5548 SHADOW LAWN DRIVE  
Florida street address (P.O. Box NOT acceptable)  
SARASOTA FL 34242  
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..*

Harriet D. Stephenson  
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)

Harriet D. Stephenson  
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.)

HARRIET D. STEPHENSON  
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)