

03/28/03 16:25

GEOFFREY M. WAYNE, P.A. → D 011a E A S 11

NO.041 P001/002

Division of Corporations

Page 1 of 2

L03000011303

FILED
03 MAR 28 PM 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Florida Department of State
Division of Corporations
Public Access System**

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.

((H03000095117 5)))

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 : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

DIVISION OF CORPORATION

03 MAR 31 AM 7:34

RECEIVED

LIMITED LIABILITY COMPANY

STINGRAY EMBROIDERY LC

Certificate of Status	0
Certified Copy	0
Page Count	0
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANYFILED
03 MAR 28 AM 8:47**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STINGRAY EMBROIDERY LCSECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II - Address:**

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

1201 Brickell Avenue, Suite 220, Miami, Florida 33131-3207

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

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

GEOFFREY M. WAYNE, P.A.

Name

1201 Brickell Avenue, Suite 220Florida street address (P.O. Box NOT acceptable)Miami, Florida 33131-3207

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.)

GEOFFREY M. WAYNE

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)