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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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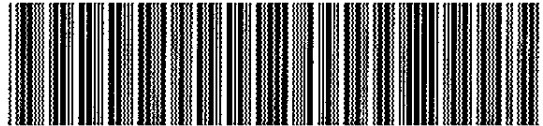
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BROWN NOV 11-7 2003  
J. BROWN NOV 11-7 2003



To Whom It May Concern:

Regarding Stark Service Solutions, L.L.C.

Submitted herein are the filing fees and papers for Articles of Organization for Florida Limited Liability Company.

Mailing Address:  
PO Box 20454  
Tampa FL 33622

Street Address:  
2286 Cumberland Circle  
#1104  
Clearwater FL 33763

Naomi L. Stark  
Phone: 727.712.0615  
Phone: 623.764.4692

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TALLAHASSEE, FLORIDA

Warm Regards,

A handwritten signature in cursive script, appearing to read "Naomi L. Stark", written in dark ink.

Naomi L. Stark

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STARK SERVICE SOLUTIONS L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Naomi L. Stark  
(Name of Person)

STARK SERVICE SOLUTIONS, LLC  
(Firm/Company)

PO Box 20454  
(Address)

Tampa FL 33622  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Naomi L. Stark at (623) 764-4692  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: STARK SERVICE SOLUTIONS U

**ARTICLE II - Address:**

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

**Principal Office Address:**

2286 Cumberland Circle  
#1104  
Clearwater FL 33763

**Mailing Address:**

PO Box 20454  
TAMPA FL 33622

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

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

Ron Rogers  
Name  
8002 Langhurst Court  
Florida street address (P.O. Box NOT acceptable)  
Orlando FL 32835  
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..

Ron Rogers  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Naomi L Stark  
2286 Cumberland Circle  
#1104  
Clearwater FL 33763

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Naomi L Stark

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.)

Naomi L. Stark

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)

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