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| (Requestor's Name) | |
|---|----------|
| (Address) | <u>,</u> |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
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TRANSMITTAL LETTER

| TO: | Registration Section Division of Corporations |
|---------|---|
| SUBJE | ECT: Steven Berger LLC (Name of Limited Liability Company) |
| The end | closed Articles of Organization and fee(s) are submitted for filing. |
| | Please return all correspondence concerning this matter to the following: |
| | David Haugen |
| | (1.112-0-0-0-0-0) |
| | David Haugen, CPA |
| | (Firm/Company) |
| | 450 Wekiva Preserve Drive |
| | (Address) |
| | Apapka, FL 32712 (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| 1 | David Hausen at 407 , 492-8408 |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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: | | |
| Steven Berger, LLC | .~ | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company | / is: | |
| Principal Office Address: Mailing Address: | | |
| 720 Woodview Drive Some | | |
| Apopka, FL 32712 | | |
| | - | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: | | |
| Steven Berger | 03 NOV | ירד. ירד |
| 720 Woodview Prive Florida street address (P.O. Box NOT acceptable) | Hd hl | |
| Apopka, FLORIDA 327/2 | 5: 43 | |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| Title: | Name and Address: | |
|---|--|------------------|
| "MGR" = Manager | | |
| "MGRM" = Managing Member | | |
| MGR M | Steven Berger | : 1 2 |
| THE TAX TO | 720 Woodview Give | |
| | Apapka, FL 32712 | |
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| (Use attachment if necessary) | | |
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| | _ -·· | |
| NOTE: An additional article must be | e added if an effective date is request | ed. |
| REQUIRED SIGNATURE: | · - | . . |
| A 4 | | |
| Steven B. | Soleto | |
| Signature of a member or an | authorized representative of a member. | |
| (In accordance with section 60 | 8.408(3), Florida Statutes, the execution | . • |
| of this document constitutes ar | a affirmation under the penalties of perjury true.) | |
| that the facts stated herein are | | |
| that the facts stated herein are | Berger printed hame of signee | <u>.</u> — |

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)