

L040000000667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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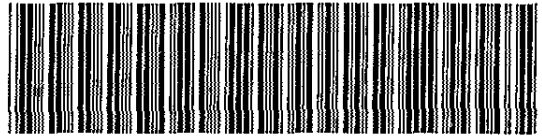
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STELLWORTH DEVELOPMENT GROUP, LLC
(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:

CHRISTOPHER E. DORWORTH
(Name of Person)

STELLWORTH DEVELOPMENT GROUP, LLC
(Firm/Company)

697 OAK HOLLOW WAY
(Address)

ALTAMONTE SPRINGS, FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER E. DORWORTH at (407) 310-7375
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

STELLWORTH DEVELOPMENT GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

697 OAK HOLLOW WAY

ALTAMONTE SPRINGS, FL 32714

Mailing Address:

697 OAK HOLLOW WAY

ALTAMONTE SPRINGS, FL 32714

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

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

CHRISTOPHER E. DORWORTH

Name

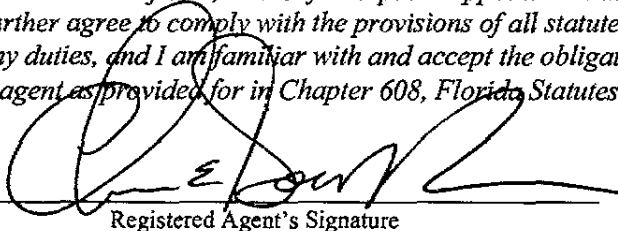
697 OAK HOLLOW WAY

Florida street address (P.O. Box **NOT** acceptable)

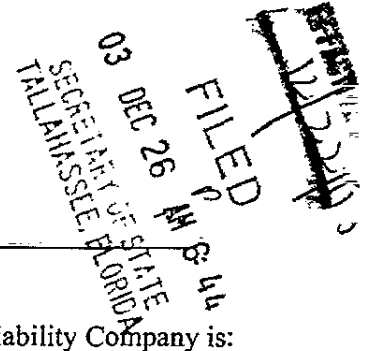
ALTAMONTE SPRINGS, FLORIDA 32714

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, Florida Statutes..



Registered Agent's Signature



ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGRM

CHRISTOPHER E. DORWORTH
697 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714


MGR

JAMES H. STELLING, III
216 SUMMERWOOD TRAIL
MAITLAND, FL 32751

ARTICLE V – Effective Date

The effective date of this Limited Liability Company shall be December 22, 2003.

REQUIRED SIGNATURE:



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.)

CHRISTOPHER E. DORWORTH

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)