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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** StyStak Holdings, 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:

Elizabeth Stakenborg  
(Name of Person)

StyStak Holdings  
(Firm/Company)

10705 SE 151<sup>ST</sup> ST.  
(Address)

Summerfield, FL 34491  
(City/State and Zip Code)

SECRET  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Elizabeth Stakenborg at (352) 288-0005 or 352-875-1885  
(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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

StyStak Holdings, 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:**

10705 SE 151 St.  
Summerfield, FL 34491

same

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

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

Elizabeth Stakenborg  
Name

10705 SE 151 St.  
Florida street address (P.O. Box **NOT** acceptable)

Summerfield FLORIDA 34491  
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..*

Elizabeth Stakenborg  
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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Elizabeth Stakenborg  
10705 SE 151<sup>st</sup> St.  
Summerfield, FL 34497

MGRM

Cornelis F. Stakenborg  
10705 SE 151<sup>st</sup> St.  
Summerfield, FL 34491

MGRM

David F. Studahar  
4861 SE 44<sup>th</sup> Ave Rd  
Ocala, FL 34480

MGRM

Doreen L. Studahar  
4861 SE 44<sup>th</sup> Ave Rd.  
Ocala, FL 34480

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Elizabeth Stakenborg  
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.)

Elizabeth Stakenborg  
Typed or printed name of signer

**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)**