

LO4000033852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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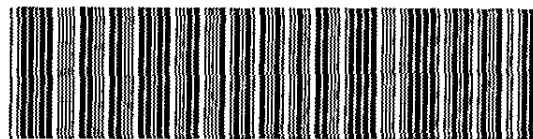
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEWART I. AMPEL 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:

STEWART I. AMPEL L.L.C.  
(Name of Person)

STEWART I. AMPEL L.L.C.  
(Firm/Company)

5361 Shingle Creek Drive  
(Address)

Orlando, Florida 32821  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart I. Ampel at ( 407 ) 351-6471  
(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:

STEWART I. AMPEL L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

5361 Shingle Creek Dr.

Orlando

Florida 32821

**Mailing Address:**

5361 Shingle Creek Dr.

Orlando

Florida 32821

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

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

STEWART I. AMPEL

Name

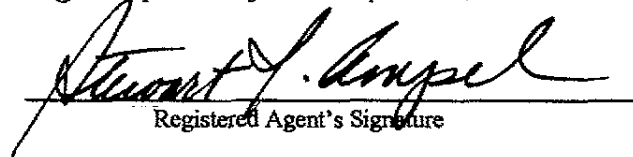
5361 Shingle Creek Drive

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

Orlando FLORIDA 32821

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

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

"MGRM" = Managing Member

Stewart I. Ampel

5361 Shingle Creek Drive  
Orlando, Florida 32821

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

(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.)

STEWART I. AMPEL

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**