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•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
<u></u>						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special institutions to Filling Officer.						





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WISION OF CORPORATIONS

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TRANSMITTAL LETTER

_	ation Section n of Corporations			*		· - ·
SUBJECT:	Steve	Hale	LLC			
	Ú	Name of Limited	Liability Compan	ıy)		
The enclosed Ar	ticles of Organization	and fee(s) are sub	mitted for filing.			
	Please return a	all correspondence	e concerning this	matter to the f	ollowing:	
	Stev	e Hale		-		
		(Na	me of Person)			
	stev	e Hale	LLC			
		(Fir	rm/Company)	···		<u> </u>
	127 5	ilver 1	Pollar.	DR		
			(Address)			0 5
	HawtH	OCNE (City/St	FL 3-	2640-4	14/2	O4 JUL 20
		(City/St	ate and Zip Code)	-	"	22 95
For further inform	mation concerning this	matter, please ca	11:			PH 4: 05
steve	e Hale	a	352	475-	-1953	- 5 名
	(Name of Person)		(Area Code &	Daytime Telepl	hone Number)	C7

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:	
Steve Hale LLC	<u></u>
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
127 Silver Pollar Pr	127 silver Dollar Dr
Hawthorne FL 32640-4412	Hawthorne FL, 32640-4412
	2 2
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered a	
Steve Hale	05
127 Silver Dollar Dr Florida street address (P.O. Box NOT	
How thorne FLOR City, State, and Zip	NIDA 32640-4412

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: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
marm	stere Hale	
	Steve Hale 127 Silver Dallar Dr Hawthorne FL - 32640-4412	•
		_
		OF THE SE
		OF JUL 20
(Use attachment if necessary)		TO PH
NOTE: An additional article mus	t be added if an effective date is requested.	PH 4: 05
REQUIRED SIGNATURE:		
steve 14	e e	ء مند معين
	an authorized representative of a member.	

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)

(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.)

Steve Hule
Typed or printed name of signee