

L04000072462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

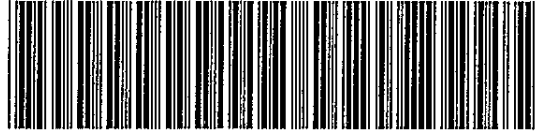
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W02-35193  
AL1

Office Use Only



800040993078

09/17/04--01003--010 \*\*125.00

FILED

2004 OCT -5 P 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2004 OCT -5 P 2: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Return Name and Address

Steven J Rich  
PO Box 214  
Venice FL 34284-0214

Date

Address for Regular Mail:

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

Address for Courier, Hand, or Express Delivery:

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

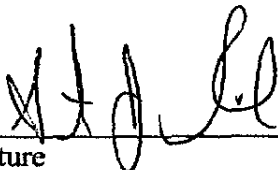
Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is 941-685-8883 .

With kindest regards, I am

Sincerely yours,

  
\_\_\_\_\_  
Signature

Enclosures

FILED

Return Name and Address

Steven J Rich

PO Box 214

2004 OCT -5 P 2:44 Venice FL 34284-0214

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date

Address for Regular Mail:

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

Address for Courier, Hand, or Express Delivery:

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

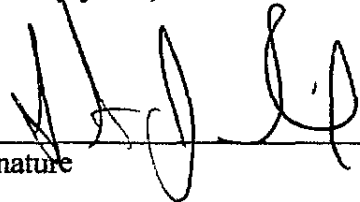
Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is 941-685-8883 .

With kindest regards, I am

Sincerely yours,

  
Signature

Enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 22, 2004

STEVEN J RICH  
P.O. BOX 214  
VENICE, FL 34284-0214

SUBJECT: STEVE RICH, LLC  
Ref. Number: W04000035193

FILED

2004 OCT -5 P 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for STEVE RICH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 804A00055929

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

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Steve Rich, LLC

2004 OCT -5 P 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: PO Box 214, Venice, Florida 34284-0214

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

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

Steven J Rich

Name

1472 Wharf Road

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

Sarasota FL 34231

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, F.S.*

[Signature]  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**



The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[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.)

Steven J. Rich

Typed or printed name of signee