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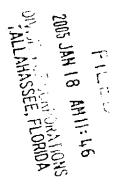
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J. BRYAN JAN 2 7 2005

TRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: STEPHEN WOUF 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:		
STEPHEN WOLF (Name of Person)		
(Name of Person)		
SEPHEN WOLF LLC (Firm/Company)		
PO BOX 494 (Address)		
FLORAL CITY FL 34436 (City/State and Zip Code)		
For further information concerning this matter, please call:		
STEPHEN WOLF at (352) 344-2117 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$additional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$}\$		
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations		

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMEANY
ARTICLE I - Name: The name of the Limited Liability Company is:	SS TO
STEPHEN WOLF LO ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address: 7880 E. SOUTHLAKE DR FLOKAL CITY FL 9 34436	Mailing Address: PO BOX 494 FLOPAL CITY FL 34436

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

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

STEPHEN WOLF

Name

7880 E. SOUTHLAKE DRIVE

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

FLORAL CITY FL 34436

Oty, 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..

X Style Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	STEPHEN WOUF FLORAL CITYL FL 34436
	FIDINAC CITY FE 54450
	2005
	2005 JAN 18
(Use attachment if necessary)	added if an effective date is requested.
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	,

Signature of a member or in 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.)

STEPHEN WOLF
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)