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(Re	questor's Name)	
(Ad	dress)	
•	•	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<i>f</i>)
PICK-UP	MAIT	MAIL
(D)	Times Entite Nome	
(Bu	siness Entity Name	7)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
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	<u> </u>	
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Se Division of Co				
SUBE	CT:	St. Maria's Accor	unting Services, LLC		
		(Name of Limited	I Liability Company)		
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			gory St. Maria		
		1)	Name of Person)		
		St. Maria's	Accounting Services, LLC		
			Firm/Company)		
		440.0			
		118 C	(Address)	<u> </u>	
Vor five		(City/	Park, FL 33827 State and Zip Code)		
rog rai	diet anothiadon	concerning this matter, please	can.		
	Gregory	St. Maria	at (<u>863</u>) 638-7887 (Area Code & Daytime Te	· · · · · · · · · · · · · · · · · · ·	
Enclo		of Person) or the following amount:	(Area Code & Daytime Te	elephone Number) ALLA MAR 16	
CJ \$125	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	O \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is molesed)	
STREET ADDRESS:		MAILING A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Registration Section Division of Corporations 409 E. Gaines Street		Registration S Division of Co		
			P.O. Box 6327		
Tallahassee, Florida 32399		Tallahassee, Florida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company	v is:			
	ou endomoy company	, 101			
St. Maria'a Accounting S	ervices, LLC		<u> </u>		
ARTICLE II - Addre The mailing address a		ne principal	office of the Limi	ited Liability Co	mpany is:
Principal Office Add	ress:	<u>Mail</u>	ing Address:		
118 Caloosa Drive		118 C	aloosa Drive		
Babson Park, FL 33827		Babso	n Park, FL 33827		-
ARTICLE III - Regis	stered Agent, Regist	ered Office	, & Registered A	gent's Signatur	- 'e:
The name and the Flor	rida street address of	the register	ed agent are:		
	Gregory	St. Maria	_		
	N	ame			
	118 Cal	oosa Drive			
	Florida stree	et address (P.	D. Box NOT acceptal	ble)	1.,
	Babson Park	FL	33827		
City, State, and Zip				0.5	
liability company o registered agent and o	ns registered agent and at the place designated agree to act in this cap he proper and comple	d in this cert pacity. I fur	ificate, I hereby ac ther agree to comp	ecept the appoint oly with the provi	ment as
	ions of my position as				
-	D) 2	<u></u>		FLORIDA	
	Registered A	gent's Signati	ıre		

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Memb	per		
MGRM	Gregory St. Maria		
	118 Caloosa Drive		
	Babson Park, FL 33827		
MGR	Linda St. Maria		
	118 Caloosa Drive		
	Babson Park, FL 33827		
	<u></u>		
(Use attachment if necessary)	}		
(Obb Million II I I I I I I I I I I I I I I I I I	,		
NOTE: An additional artic	cle must be added if an effective date is requested.		
(In accordanged this documents)	a member of an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.) Gregory St. Maria		
_ 	Typed or printed name of signee		
Filing Fees:	ALLA		

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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