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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

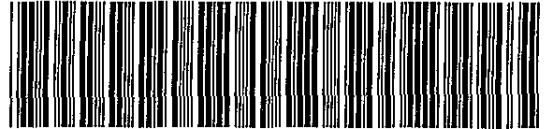
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE FLORIDA

**STEPHANIE WINSTON, LC**

P. O. BOX 540424  
Lake Worth, FL 33454

Stephanie Winston  
Managing Member

Phone: 561-968-3605  
Fax: (561) 968-3601

April 11, 2005

Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Subject: Stephanie Winston, LC

Gentlemen::

The enclosed Articles of Organization and fee are submitted for filing.

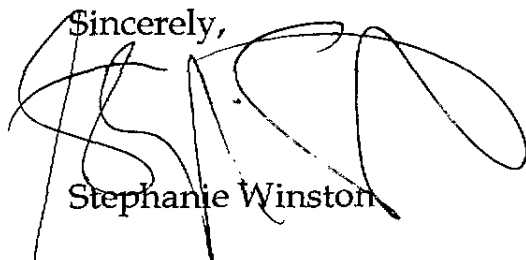
Please return all correspondence concerning this matter to the following:

Stephanie Winston  
Stephanie Winston, LC  
P. O. Box 540424  
Lake Worth, FL 33454

For further information concerning this matter, please call:

Stephanie Winston at (561) 968-3605.

Sincerely,



Stephanie Winston

Enc.

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TALLAHASSEE FLORIDA

**STEPHANIE WINSTON, L.C.  
ARTICLES OF ORGANIZATION**

Pursuant to Chapter 608.407 F.S., the Articles of Organization are set forth as follows:

**ARTICLE I: Name:**

The name of the limited liability company is:

**STEPHANIE WINSTON, LC**

**ARTICLE II: - Address:**

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

**Principal Office Address:**

7965 Lantana Road  
Lake Worth, FL 33467

**Mailing Address:**

P. O. Box 540424  
Lake Worth, FL 33454

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

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

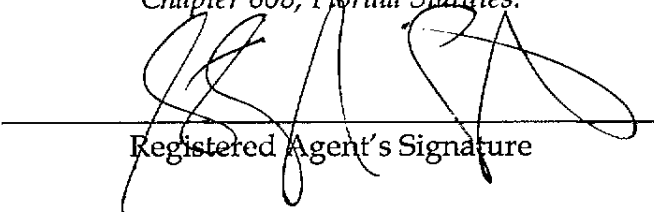
Stephanie Winston  
Name

7965 Lantana Road  
Florida Street Address

Lake Worth, FLORIDA 33467  
City, State, Zip

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TALLAHASSEE FLORIDA

*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

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

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

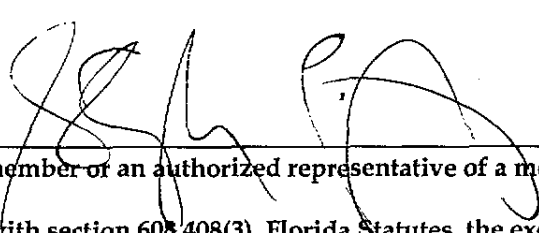
**Title:**

**Name and Address:**

MGRM

Stephanie Winston  
P. O. Box 540424  
Lake Worth, FL 33454

**REQUIRED 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.)

**STEPHANIE WINSTON**

Typed or printed name of signee

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