

L05000053021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

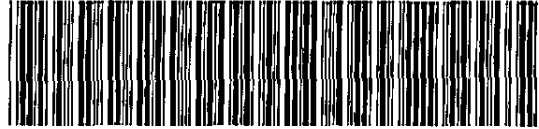
(Business Entity Name)

(Document Number)

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BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 27 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEPHANIE PIERLE, 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:

STEPHANIE PIERLE
(Name of Person)

STEPHANIE PIERLE, LLC
(Firm/Company)

1105 WILLIAMS DITCH
(Address)

CANTONMENT, FL 32533
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEPHANIE PIERLE at (850) 723-3730
(Name of Person) (Area Code & Daytime Telephone Number)

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:

STEPHANIE PIERLE, LLC

ARTICLE II - Address:

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

Principal Office Address:

1105 WILLIAMS DITCH
CANTONMENT, FL 32533

Mailing Address:

1105 WILLIAMS DITCH
CANTONMENT, FL 32533

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

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

STEPHANIE PIERLE

Name

1105 WILLIAMS DITCH

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

CANTONMENT FL 32533

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..

Stephanie K. Pierle
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

STEPHANIE PIERLE

1105 WILLIAMS DITCH

CANTONMENT, FL 32533

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OFFICE OF THE CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Stephanie R Pierle
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 PIERLE

Typed or printed name of signee

- 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)