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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
ertified Copies	Certificates of Status
	Certificates of Status ns to Filing Officer:
Special Instruction	ns to Filing Officer:
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESTAI, LL	.C
	Liability Company)
The analysis Assistance Committee and God Assistance	hadra de constitui
The enclosed Articles of Organization and fee(s) are su	-
Please return all correspondence concerning this matter	to the following:
Janet Bar	ame of Person)
Bandera LAW	_
700 Corpu	crate Park Dr. Ste 300 (Address)
Clay ton	Mo 63105 State and Zip Code)
For further information concerning this matter, please c	all:
JANET BANDERA (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	ZUOT TALL
\$125.00 Filing Fee \$ Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS: ☐☐ ☐
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street	P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ESTAI, LLC	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company is	
Principal Office Address: Mailing Address:	
942 Tee Lane 942 Tee Lane	
Greenville, IL 62246 Greenville, IL 62246	
ADDICT E THE Desistened Agent Desistaned Office & Desistaned Amenta Cignatures	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
The name and the Piorida succe address of the registered agent are.	
Randalynn F. Vasel	
Name	
425 Dockside Drive #402	
Florida street address (P.O. Box NOT acceptable)	
NAPLES FL 34110	
City, State, and Zip	
,,	
Having been named as registered agent and to accept service of process for the above stated limited	1
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 a	11
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.	
Registered Agent's Signature	
Registered Agent's Signature	

(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 "MGRM" = Managing Member	Name and Address:	
MGRM	Kyle W. Vasel 942 Tee Lane Greenville, IL 62246	
· · · · · · · · · · · · · · · · · · ·		-
· · · · · · · · · · · · · · · · · · ·		
		· ·
(Use attachment if necessary)	added if an effective data is named a	
REQUIRED SIGNATURE: Signature of a member of (In accordance with section)	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	
	ATTORNEY/Auth, Rep. CR. TARY Or printed name of signee AHASSELL U.S. TARY C.S. T	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:					
The name of the Lin	nited Liability C	ompany is:				
ESTAI, LLC				-		
ARTICLE II - Add The mailing address		ess of the pr	incipal of	fice of the Lim	ited Liability	y Company is:
Principal Office Ac	ddress:		Mailing	2 Address:		
942 Tee Lane Greenville, IL	62246	<u></u>		<u>Tee Lane</u> enville, IL	62246	
ARTICLE III - Re	gistered Agent,	Registered	l Office, d	& Registered A	Agent's Sign	ature:
The name and the F	lorida street add	ress of the r	egistered	agent are:		
	Randalynn	F. Vasel				
•		Name				
-	425 Docksio					
	Flo	rida street add	iress (P.O. 1	Box <u>NOT</u> accepta	ble)	
	NAPLES		FL	34110	·	
		City, State,	and Zip		TA'S	=
registered agent an statutes relating to	y at the place de d agree to act in	signated in t this capacit complete pe	his certificy. I furthe erformance	cate, I hereby ac or agree to comp e of my duties, a	ccept the app ply with the p and I am fam	oimment as royisions of all iliar with and
		d ja / sterød Agent'	Signature	<u> </u>		84
		1/				

(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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Kyle W. Vasel	
	942 Tee Lane	
	Greenville, IL 6224	16
	<u></u>	
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date i	s requested.
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE.	`	
	منتبر (
Signature of a member	er or an authorized representative o	f a member.
(In accordance with se of this document const that the facts stated	ction 608.408(3), Florida Statutes, the titutes an affirmation under the penaltic herein are true.)	execution es of perjury
Toner RANDE	RA ATTORNEY/AUTY Den.	TASS 28
Ty	PRA ATTORNEY/Auth, Rep.	
•	,	子R &
Filing Fees:		JUL 14 AHASSEE
\$125.00 Filing Fee for Articles of Orga	inization and Designation	
of Registered Agent		~~~ > ~~~
\$ 30.00 Certified Copy (Optional)		41.5 41.5 41.5 41.5 41.5 41.5 41.5 41.5
\$ 5.00 Certificate of Status (Optiona	1)	