

# L05000077065

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(City/State/Zip/Phone #)

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CLERK OF COURTS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 5 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stephen D Webster - 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 D Webster  
(Name of Person)

Stephen D Webster - LLC  
(Firm/Company)

259 Mt. Zion Rd  
(Address)

Crawfordville FL 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen D Webster at (850) 510-8148  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

**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

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05 AUG -5 PM 12:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Stephen D Webster - 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:**

Stephen D Webster - LLC  
259 Mt. Zion Rd.  
Crawfordville FL 32327

Stephen D Webster - LLC  
259 Mt. Zion Rd  
Crawfordville FL 32327

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

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

Stephen D Webster  
Name

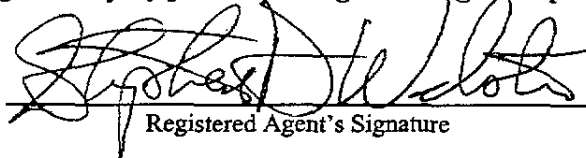
259 Mt. Zion Rd

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

Crawfordville FL 32327

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..*

  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Stephen D Webster  
259 Mt Zion Rd  
Crawfordville FL 32327

MGRM

Steven D Webster Jr.  
259 Mt. Zion Rd  
Crawfordville FL 32327

MGRM

Joseph L Webster  
259 Mt. Zion Rd  
Crawfordville FL 32327

(Use attachment if necessary)

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

**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.)

Stephen D Webster  
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)

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TALLAHASSEE, FLORIDA