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TRANSMITTAL LETTER

TO: Registration S Division of Co			- <u>-</u>		
SUBJECT:	DAN STUFFLEBEAM LL	-C			
Sobole 1.		d Liability Company)		•	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
	DAN STUFFLEBE				
•	Q	Name of Person)			
	DAN STUFFLEBEAM L	LC			
	(Firm/Company)			
	52 SPRUCE AVENUE			9	ĪΑ
		(Address)		61 9NY <u>50</u>	LLAH
	PANACEA, FL 32346				TALLAHASSEE, FLORIDA
	(City)	/State and Zip Code)		₩ 9:	
For further information	concerning this matter, please	call:		27	DRIDA
DAN STUFFLI	EBEAM e of Person)	at (850) 984-5868 (Area Code & Daytime T	elephone Number)	-	
Enclosed is a check f	or the following amount:				
□ \$125.00 Filing Fee	-	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)		us &	
Regis	EET ADDRESS: stration Section	MAILING A Registration S Division of C	ection		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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 Li	mited Liability Compan	y is:			
DAN STU	FFLEBEAM LLC				
ARTICLE II - Ad The mailing addres		he principal office of the Limit	ed Liability Cor	mpany is	s:
Principal Office A	ddress:	Mailing Address:			
52 SPRUCE AVENU PANACEA, FL 3234		52 SPRUCE AVENUE PANACEA, FL 32346		<u>-</u>	
		tered Office, & Registered Ag	gent's Signatur		Ŧ.
	DAN STUFFLEBEAM	••••••••••••••••••••••••••••••••••••••		05 AUG	SECRI LLLA,
			6 19	E S	
52 SPRUCE AVENUE			A	S. 7.	
	Florida stre	et address (P.O. Box NOT acceptable	e)	9	الا كا الا كار
	PANACEA	FL 32346	e nggana e e	27	
	City, S	tate, and Zip		ž	⋝′``

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)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	DAN STUFFLEBEAM 52 SPRUCE AVENUE PANACEA, FL 32346				
 					
(Use attachment if necessary)					
NOTE: An additional article must be	added if an effective date is requested.				
REQUIRED SIGNATURE:					
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)				

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)

Page 2 of 2

Danny 1. Stuff-beam
Typed or printed name of signee