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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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U8/23/05--01024--015 **125.00

DJY, JON OF CORPORATIONS TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stealth - ISS LLC (Name of Limited Liability Comp	
The enclosed Articles of Organization and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	ng:
Dasha Prisyl (Name of Person)	
Stealth - ISS Inc. (Firm/Company)	THE PLANT FI
137 Pompon Drive (Address)	FILED PH 1: 05 RAUG 23 PH 1: 05 RAUG 23 PH 1: 05 RAUG 23 PH 1: 05
St. Petersburg Fo	L 33705 PAGE 1980 S. 1
For further information concerning this matter, please call:	
Ocision Priby at (727) (Name of Person) at (727) (Area Co) 820 - 0891 de & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \$\Bigcup \\$155.00 F \\ \text{Certificate of Status} \tag{Certified Copy}	py Certificate of Status &
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	cipal office of the Limited Liability Contracts is:
Stealth-155 LLC	
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11300 120th Terrace N. Largo, FL 33778	11300 120 to Terrace N. Largo, FL 33778
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg	istered agent are:
Oliver Dede Name	Werth
137 Pampono Florida street addre	SS (P.O. Box NOT acceptable)
St. Peters burg City, State, and	FL 33705 1 Zip
	cept 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)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Sha Wess (Sharon)	11300 120 to Terrace N. Largo, FL 33778
Sharon Bruce	11300 120 th Terrace N. Largo, Fb 33778
	<u></u>
<u></u>	FILE 23
(Use attachment if necessary)	23 PM 1:05
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	· ·

(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.)

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)