Division of Corporations Public Access System

DECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ACCOUNTING & BEYOND

Account Number : 119990000223 : (813) 998-9800 Phone: Fax Number · (813) 935-9982

LIMITED LIABILITY COMPANY

STAIR SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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a: 13

:	2005 AUG 31 A F 15
ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY SECRETARIAN FALLAHASSEE, FLORIDA
ARTICLE I - Name: The name of the Limited Liability Comp	
STAIR SOLUTIONS, LLC	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3208 TOWN AVENUE	3208 TOWN AVENUE
NEW PORT RICHEY, FL 34855	NEW PORT RICHEY, FL 34655
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:
JOHN J. ROBERTS	
	Name

3208 TOWN AVENUE Florida street address (P.O. Box NOT acceptable) NEW PORT RICHEY, FL 34655 FL

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..

(CONTINUED)

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FILED ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2005 AUG 31 A 9:13 Name and Address; Title: "MGR" = Manager SECRETARY OF STATE TALLAHASSEE, FLORIDA "MGRM" = Managing Member CHRIS C. DESTER MGR 3208 TOWN AVENUE NEW PORT RICHEY, FL 34655 MGRM JOHN J. ROBERTS 3208 TOWN AVENUE NEW PORT RICHEY, FL 34655 (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.) CHRIS C. DESTER Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent (5 35:00 Cortified Copy (Optional)

\$ 5.00 Cortificate of Status (Optional)

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