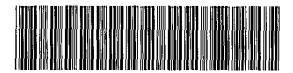
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT I	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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05 OCT 31 AMI1: 2

SECRETARY OF STAFE

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Ste	phen Michae (Name of Limite	el Designs d Liability Company	LLC
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Stephen M	1. Podrazo Name of Person)	
Ste	ephen Mich	1. Podrazo Name of Person) nael Design Firm/Company)	ns
2549	18t Ave South	(Address)	
ST. Pe	tersburg, FL	- 33710 (State and Zip Code)	
For further information of	concerning this matter, please	call:	
Stephen	Podraza_ of Person)	at (<u>727</u>) <u>32.3-</u> (Area Code & Daytime Te	5671 dephone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	į

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephen Michael De (Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company," Liability Company, "Liability Com	251905 LLC ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2549 1st Ave. South ST. Petersburg, FL. 33710	3549 1st Ave. South ST. Petersburg, FL. 33710
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another of the registered agent are:
The name and the Florida street address of the	registered agent are:
<u>Stephen Manuel</u>	
2549 1St Ave Florida street ac	South South Research Programmes (P.O. Box NOT acceptable)
ST. Oote	el 33710

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 (REQUIRED)

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED)
Page 1 of 2

		ger or Managing Member is as follows:	
Title: "MGR" = Mar "MGRM" = M	nager Managing Member	Name and Address:	
MGRM	<u>\</u>	Stephen M. Podraza 2549 ist Ave Swith ST. Pete, FL, 33710	
MGR		Jack Silverman 1950 1st Ave North ST. Pete, Fl. 33713	
			_
CLE V: Effective	ent if necessary) ve date, if other than the listed, the date must b	e date of filing: (OPTI	ONAL) s days pri
A	e date of filing.)		
·	SIGNATURE:		9
·	SIGNATURE:		05 OCT 3
·	Signature of a member (In accordance with see of this document constitute that the facts stated by	er or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury herein are true.	05 OCT 31 AM 11: 25

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)

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