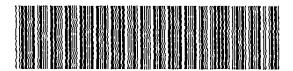
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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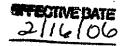
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BYSISIAN OF CORFORATIONS
TALL ANASSEE, FLORIBA

RECEIVED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stan Jane (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:
Stan WARRILL (Name of Person)
(Name of Person)
Stan Harrell
(Firm/Company)
161 REBEL WAY
(Address)
11. 61. 27.7111
Monticello FL32344 (City/State and Zip Code)
For further information concerning this matter, please call:
Stan Idacrell at 850, 294-6758
(Name of Person) at (SCO) ZGY-675 8 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \$130.00 Filing Fee & Lasting Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)    S160.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar		•	
The name of the Li	mited Liability Company is:		
Stan H (Must end with the words	GCELL LLC  "Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC,"	or"L.C.,")
ARTICLE II - Ad	dress:	rincipal office of the Limited Lia	•
Principal Office A	ddress:	Mailing Address:	
161 RCBCL Monticells	1 fc. 323c/c/	Monticello H.	37.7.47
(The Limited Liability Cobusiness entity with an		d Office, & Registered Agent's stered Agent. You must designate an individual registered agent are:	
The flame and the	Stan Har		06 F SECI
	Name		FEB CRET
	161 REBELLIA	_7	ARY SSE
	Florida street ad	dress (P.O. Box NOT acceptable)	E. FL
	City, State,	FL 32344 and Zip	AMID: 40 OF STATE EE, FLORIDA
liability compa registered agent a statutes relating	ny at the place designated in indicage of the name of the proper and complete per the per	accept service of process for the of this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I and istered agent as provided for in C	ve appointment as In the provisions of all In familiar with and
	<u>م</u> ۱	. (1)	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member  MGRM" = Managing Member	Stan Wanell  Itel Robelton Fr. 32344
	- · · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)  CLE V: Effective date, if other than the	date of filing:
	·
0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	TARKETAN SECULIAR SECU

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)