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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | Isiness Entity Name | e) |
| (Do | ocument Number) | / ₁ , |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |
| | Office Use Only | |



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Scott OSteen LLC (Name of Limited Liability Company) |
| 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: |
| Please return all correspondence concerning this matter to the following: |
| |
| (Name of Person) |
| Stoff Osteen LLC |
| (Firm/Company) |
| 1113 Dogwood Ter. |
| Inverness, FL 34450 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Scott OSteen at 352 860-0448 (Name of Person) at (352 Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$\sum_{\text{S130.00 Filing Fee}} \sum_{\text{S130.00 Filing Fee}} \sum_{\text{S130.00 Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{S155.00 Filing Fee}} \text{Certified Copy} \text{Certificate of Status & Certified Copy} \text{(additional copy is enclosed)} |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Mailing Address Registration Section Registration Section Division of Corporations Clifton Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY |
|--|
| TOR FLORIDA LIMITED LIABILITY COMBANY |
| ARTICLE I - Name: |
| The name of the Limited Liability Company is: |
| Scott Osteen 110 |
| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| |
| ARTICLE II - Address: The mailing address and street - 11. |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 1113 Dagwood Ter 1113 Dagwood Fen Inverness FL Inverness R |
| 34456 34450 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| Scott Osteen |
| Name |
| _ 1/13 Dagwood Fer. |
| Florida street address (P.O. Box NOT acceptable) |
| Inverness FL 34450 |
| 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 |
| Sister of agent as provided for in Chapter 608, F.S. |
| Last IXA |
| Registered Agent's Signature (REQUIRED) |

(CONTINUED)
Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Managi | ng Member | Name and Address: Scott Dotec 1113 Dogue Triverness OF | 7 Ter 39450 |
|--|------------------------|---|---------------------------------|
| (Use attachment if n | e, if other than the d | date of filing: specific and cannot be more t | (OPTION han five business da |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)