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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
DIVISION OF TOPPOPATIONS



COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|------------|-----------------|
| SUBJECT: STEVE MOWRY LLC (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: | | |
| STEVEN M. MOWRY (Name of Person) | | |
| STEVE MOWRY LLC (Firm/Company) | | |
| 1131 PIEDMONT RD. (Address) | 2005 | BIVIS |
| VENICE FL 34293 (City/State and Zip Code) | B1 AVH 900 | ION OF CT |
| (City/State and Zip Code) | À | 골유 |
| For further information concerning this matter, please call: | 9: 53 | STATE BATION |
| STEVEN M. MOWIY at (941) 493-5488 (Name of Person) (Area Code & Daytime Telephone Number) | ယ | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed) | & | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|---|
| STEVE MOWRY LLC |
| (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 address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |

| 7 | |
|--|------------------|
| STEVEN DWKY - RI | STEVE MOURY LLC |
| Venice FL 34293 | 1131 PIELMONT Rd |
| | Venice, FL 34293 |
| | , , |
| A TOPOGRAPH TO A CONTROL OF THE CONT | |

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:

ARTICLE I - Name:

Name

Name

Name

Name

Name

Name

Pledmont Rd

Florida street address (P.O. Box NOT acceptable)

Venice & Fl. 34293

<u>Q を FL コイペイン</u> 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: | | |
|--|---|------------------|------------|
| "MGRM" = Managing Member | | | |
| MGR | STEVEN M. Moury 1131 Presmont Rd Venice, FC 34293 | <u>-</u> - | |
| - | | <u>-</u> - | |
| | AMOST HERE II | - | |
| | | - | |
| (Use attachment if necessary) | | - | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.) | ne date of filing: (OPTIC be specific and cannot be more than five business |)NAL) days pi | ior |
| REQUIRED SIGNATURE: | -/// low - | 2006 MAY | DIVISION O |
| Signature of a mem | her or an authorized representative of a member. | 91 | |

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

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