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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRE JARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Se Division of Co					
SUBJE	ect: Ste	phanie	Caoili	L	-C	
		(Na	ame of Limited	d Liability Co	mpany)	
The en	closed Articles of	f Organization a	nd fee(s) are su	ubmitted for f	filing.	
	return all corresp	-				
	-	hanie	Carili		_	
			()	Name of Person	n)	
	•	. ,	·			
		. _	(Firm/Company	y)	
	300	Bayon	Blup.	Unit 2	222	
		 ^		(Address)		-
	P	Bayin ensacila	, TL	325	73	
			(City/	State and Zip	Code)	
For fur	ther information	concerning this i	natter, please	call:		
SI	phanie	Caoili		at (850	, 450	O · 8808 Telephone Number)
	(Name	of Person)		(Area	Code & Daytime	Telephone Number)
Enclos	sed is a check fo	or the following	; amount:			
□ \$125	5.00 Filing Fee	\$130.00 F Certificate of	Filing Fee & f Status	\$155.0 Certified (additional c	00 Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, l	ection orporations 7	Regi Divi: Clift 2661	et/Courier Address stration Section sion of Corporation on Building Executive Center shassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Stephanie Caoili 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 (Compa	ny is:
Principal Office Address: Mailing Address:		
300 Bayon BlvD Vnil 222 300 Bayon BlvD. Unil Pensacola, FL 32503 PENSACOLA, FL 32503	222	-
	_	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Stephanie Caoili		
Name		
Stephanie Caoili Name 300 Bayon BlvD. Unit 222		
Florida street address (P.O. Box NOT acceptable)		
Pensacola FL 32503		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above so liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter of the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter of the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter of the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter of the proper and complete performance of my duties.	ntment visions ar with	t as s of al and
Sa		
Registered Agent's Signature (REQUIRED)	07 FEB 21	SECRETAR DIVISION OF
(CONTINUED)	PH	Sec.
Page 1 of 2	5	ST/ ORA

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manag	rer	Name and Address:	
"MGRM" = Man MGR K M	aging Member	Stephanie Cavili 300 Bayon Blvo. Unit 22: Pensacofa, FL 32503	<u>z</u>
	_		
	_		
	_		
(Use attachment	if necessary)		
CLE V: Effective	date, if other than the o	date of filing: (OP specific and cannot be more than five busin	TIONAL
0 days after the da	•	specific and cannot be more than five busin	iess uays
REQUIRED SIG	GNATURE:		
·	GNATURE:		
·	S	or an authorized representative of a member.	
·	Signature of a member (In accordance with sect of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution cutes an affirmation under the penalties of perjury erein are true.)	
·	Signature of a member (In accordance with sect of this document constit that the facts stated he Signature	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	0;

\$125.00 Filing Fee for Articles of Organization and Designation

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