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SECRE IARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Co				
SUBJECT: Stanley	Statham Austin, LLC	<b>,</b>		
		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Stanley Au	stin			
<del></del>	(1	Name of Person)		
Stanley Statham Austin, LLC		07		
,	(	Firm/Company)	CRE LAF	H
1811 Tayl	or Avenue		IASS	MAY 24
		(Address)	TT	
Winter Pa	rk, FL 32789		)F STATE	1:21 K4
•		/State and Zip Code)	NO A	చ్
For further information	concerning this matter, please	call:		
Stanley Austin		at (407 ) 529 877	4	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or 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 Certificate of State Certified Copy (additional copy is end	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company is:					
The name of the Limited Liability Company is:					
Stanley Statham Austin, 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	of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1811 Taylor Avenue	1811 Taylor Avenue				
Winter Park, FL 32789	Winter Park, FL 32789				
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  Stanley Austin	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another  s of the registered agent are:  Name  Office, & Registered Agent's Signature:  Office				
1811 Taylor Avenue					
	street address (P.O. Box NOT acceptable)				
Winter Park, FL 32789 FL 97 7					
Cit	ry, State, and Zip				
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above stated limited tated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S				
Registered Agen	it's Signature (REQUIRED)				

EFFECTIVE DATE 52/07

(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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Stanley Austin
	1811 Taylor Avenue
	Winter Park, FL 32789
	•
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: <u>5/2//2007</u> . (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Starley	Suito 17 H
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury therein are true.)
Stanley Austin	herein are true.)
	/ped or printed name of signee
·	A A

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)