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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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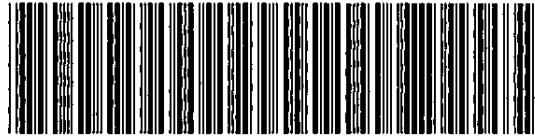
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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G. MCLEOD
APR - 8 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A STEP AWAY, 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:

GLORIA F. DEVAL
(Name of Person)

A STEP AWAY, LLC
(Firm/Company)

7027 ALPINE ST
(Address)

JACKSONVILLE, FL 32208
(City/State and Zip Code)

For further information concerning this matter, please call:

GLORIA F. DEVAL at (904) 449-4340
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Fee, 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

The name of the Limited Liability Company is:

A Step Away, LLC.

Article II

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

7027 Alpine Street
Jacksonville, FL 32208

Mailing Address

7027 Alpine Street
Jacksonville, FL 32208

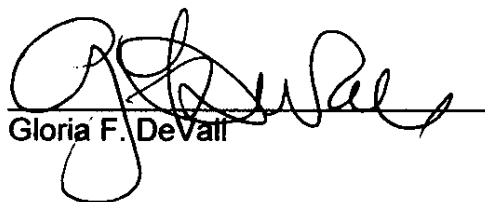
Article III

Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Gloria F. DeVall
7027 Alpine Street
Jacksonville, FL 32208.

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.


Gloria F. DeVall

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Article IV

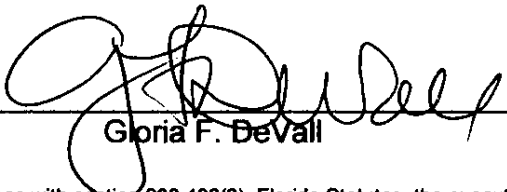
The name and address of each Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Gloria F. DeVall 7027 Alpine Street Jacksonville, FL 32208
MGRM	Joseph J. Markusic 7027 Alpine Street Jacksonville, FL 32208

Article V

The Effective Date shall be the date of filing.

Required Signature:


Gloria F. DeVall

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury That the facts stated herein are true)