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(City/State/Zip/Phone #)
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COVER LETTER

Division of	Corporations		
SUBJECT:	Stampede Inv	estments, LLC.	
	(Name of Limited	Liability Company)	
The enclosed Article	s of Organization and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Thom	nas Langley	
-	(N	ame of Person)	
	Stampede	Investments, LLC.	
	(F	irm/Company)	
	395 Be	echwood Lane	
		(Address)	
	Altamonte	Springs, FI 32714	
· · · · · · · · · · · · · · · · · · ·	(City/s	State and Zip Code)	
For further informati	on concerning this matter, please c	all:	
Thor	nas Langley	at (
(Na	nme of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check	for the following amount:		
✓\$125.00 Filing Fe	e \$\Bigsim\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	tus &
	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	

A

RTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABI	LITY COMP	'ANY
ARTICLE I - Name: The name of the Limited Liability Company is:			
Stampede Invest			
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited L	Liability Comp	any is:
Principal Office Address:	Mailing Address:		
395 Beechwood Lane	395 Beechwood Lane		
Altamonte Springs, FI 32714	Altamonte Springs, FI 327	14	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Frederic Stanle Name 260 Maitland Av Florida street add Altamonte Springs, City, State, a	registered agent are: ey Jr., Esq., ve., Suite 1500, dress (P.O. Box NOT acceptable) FL 32701		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signat (CONTINE)	accept service of process for the this certificate, I hereby accept y. I further agree to comply with the complete of my duties, and I destreed agent as provided for in turn (REQUIRED)	the appointment th the provision am familiar with Chapter 608, F SECRETARY OF S TALLAHASSEE, FL	nt as ns of all h and
Page 1 of	72		المرويب الما"

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

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

10MCDU - Mo		Name and Address:	
"MGR" = Ma $"MGRM" = N$	nager Managing Member		
MGRM		Thomas Langley	
		395 Beechwood Lane	
		Altamonte Springs, Fl 32714	
MGRM		Christopher Stanley	
	···	587 Summerwood Drive	
		Minneola, Fl 34715	
MGRM		Terry Pyle	
		1184 Deer Lake Circle	
		Apopka, Fl 32712	
MGRM		Randolf Gregson	
		856 E. Timberland Trail	
		Altamonte Springs, FI 32714	
(Use attachme	ent if necessary)	·	
LE V: Effecti	ve date, if other than the	be specific and cannot be more than five by	
LE V: Effecti ffective date is days after the	ve date, if other than th	e date of filing:	
LE V: Effecti ffective date is days after the	ive date, if other than the listed, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five by	usiness days
LE V: Effecti ffective date is days after the	ive date, if other than the listed, the date must be date of filing.) SIGNATURE:	e date of filing:	usiness days
LE V: Effecti ffective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with s	be specific and cannot be more than five be specific and cannot be specificated and cannot be specific and cannot be speci	usiness days
LE V: Effecti ffective date is days after the	sized, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constraints.	be specific and cannot be more than five be specific and cannot be more than five be not or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury liberein are true.)	usiness days
LE V: Effecti ffective date is days after the	sied, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute that the facts stated	be specific and cannot be more than five be specific and cannot be specificated and cannot be specific and cannot be speci	usiness days

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent