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Effective Date 08/08/08

08/11/08--01042--007 \*\*130.00

SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS

J. BRYAN

AUG 1 2 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 5top Loss TRADING, 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:
MON ShillADY (Name of Person)
(Name of Person) /
Stop LOSS TRADING, LLC (Firm/Company)
1622 BUNKER HILL DR
CO CO
SUN City Center, 71 33573 (City/State and Zip Code)
For further information concerning this matter, please call:  RON ShillADV et 8/2 675 - 4077 =
RON Shillady at 812 675 - 4077 = (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$ Certificate of Status \$\bigcup \\$ 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

and the second property of the second second

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		OS AUG 11
5-top LOSS TRAD; (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	RY OF STATIONS COMPORATIONS
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered Agent's Signatur	- - - 'e:
business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are: Effective Date	808080
RON Shill Name 1622 BUNKE	R HI'LL DR ress (P.O. Box NOT acceptable)  FIL 33573	•

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 (REQUIREI

(CONTINUED)
Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Name and Address: <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business Mys prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

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

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)

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

Shi LL AO Typed or printed name of signee