

**L09000029499**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

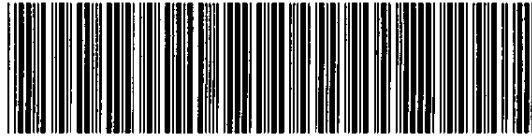
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200146753812**

03/25/09--01022--002 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:36

**T. HAMPTON**

MAR 26 2009

**EXAMINER**

**LAW OFFICE OF BRUCE HOFFMAN**

16 South Main Street

Gainesville, Florida 32601

(352) 373-2411

March 24, 2009

Registration Section  
Division of Corporations  
PO Box 6237  
Tallahassee, Florida 32314

Re: StockorTease, LLC

My File: 09-1862

Dear Sir:

I have enclosed an original and one copy of the articles of organization of the above named limited liability company, plus a check in the amount of \$155.00 for the following fees:

Filing Fee.....	\$ 125.00	for articles & Designation of Registered Agent
Certified Copy of Articles.....	30.00	
Total	\$ 155.00	

Please file the original of the Articles of Organization for the above-named limited liability company and return the certified copy to this office.

If possible, please send an acknowledgment of the filing via email to [bhoffman\\_10@hotmail.com](mailto:bhoffman_10@hotmail.com). Please call my office if there are any problems.

Very truly yours,



Bruce E. Hoffman

ls/BEH  
Encl.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:36

ARTICLES OF ORGANIZATION

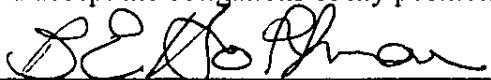
**STOCKORTEASE, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned adopt the following Articles of Organization for the above named Florida Limited Liability Company:

1. **NAME.** The Name of the Limited Liability Company is STOCKORTEASE, LLC.
2. **ADDRESS.** The mailing address and street address of the principal office of the Limited Liability Company is:  
16 South Main Street, Gainesville, Florida 32601.
3. **DURATION.** The Limited Liability Company's duration is perpetual.
4. **PURPOSE.** The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.
5. **INITIAL REGISTERED OFFICE AND AGENT.** The name and street address of the initial registered office and registered agent of this Limited Liability Company is as follows:

BRUCE E. HOFFMAN  
16 South Main Street  
Gainesville, Florida 32601

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

**6. INITIAL MANAGING MEMBERS AND MANAGERS.**


The name and address of the initial Managing Member of this Limited Liability Company is:

NAME                      ADDRESS

BRUCE E. HOFFMAN                      16 South Main Street, Gainesville, Florida 32601

8. **EFFECTIVE DATE.** The effective date of these Articles of Organization is:  
March 30, 2009

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization the 24th day of March, 2009.

A handwritten signature in cursive script, appearing to read "B. E. Hoffman", is written over a horizontal line.

Bruce E. Hoffman, Executing Member

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:36