239 461 0083

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Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : PHOENIX LAW P.A. Account Number: I20030000088 Phone : (239)461-0024

Fax Number

: (239)461-0083

SORIDA/FOREIGN LIMITED LIABILITY CO.

Steffan Holdings II, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

C. LEWIS

EXAMINER

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•	COVE	CR LETTER
TO: Registration of Division of	on Section f Corporations	
SUBJECT:	Steff	an Holdings II, LLC
	Name of Limi	ted Liability Company
The enclosed Article	es of Organization and fec(s) are	submitted for filing.
Please return all cor	respondence concerning this ma	tter to the following:
	Noelle	M. Melanson, Esq.
		Name of Person
	Р	hoeníx Law PA
		Firm/Company
	12800 Uni	versity Drive, Suite 260
		Address
	Fort	Myers, FL 33907
	Ci	ty/State and Zip Code
are named to the state of the s	nm@co	rporationcounsel.com for future annual report notification)
For further informat	ion concerning this matter, pleas	
_	Nahia Milla-	220
	Debbie Miller une of Person	at (239) 461-0101 Area Code & Daytime Telephone Number
England is a above	k for the following amount:	
_	-	
_ \$ 125.00 Filing Fe	Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassec, FL 32314	Clifton Building 2661 Executive Center Circle Tallahagana El. 22201

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Steffan Holdings II, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
Principal Office Address:	Mailing Address:			
14870 Caleb Drive Fort Myers, FL 33908	14870 Caleb Drive Fort Myers, Ft. 33908			
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another			
The name and the Florida street address of the	ne registered agent are:			
· · · · · · · · · · · · · · · · · · ·	Melanson, Esq.			
• •				
	ty Drive, Suite 260			
F 144 - 440-	P.O. Box <u>NOT</u> acceptable)			
Fort Myers 33907	FL.			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as references.	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all experformance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S			

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

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

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manager "MGRM" = Managin		me and Address:
MGRM	14	ane K. Steffan 870 Caleb Drive ad Myers, El. 33908
		
.		
(Use attachment if ne	cessary)	
an effective date is listed, or 90 days after the date o	the date must be specif f filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior
REQUIRED SIGNA	Much	uthorized representative of a member.
(In a of t	accordance with section 608	408(3), Florida Statutes, the execution affirmation under the penalties of perjury
		M. Melanson

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

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