# 189000099558

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OCT 15 2009

**EXAMINER** 



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SECRETARY-OF STATE DIVISION OF CORPORATION:

# **COVER LETTER**

	tion Section of Corporations	
SUBJECT:	St	umpy Harris, LLC
		ited Liability Company
The enclosed Artic	cles of Organization and fee(s) are	e submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
	G	ordon H. Harris
		Nume of Ferson
		Firm/Company
	1201 E	ast Robinson Street
		Address
		lando, FL 32801 ity/State and Zip Code
	eve	lyn@hhbsiaw.com
		for future annual report notification)
For further informa	ation concerning this matter, please	se call:
	ordon H. Harris	at ( 407 ) 843-0404  Area Code & Daytime Telephone Number
	value of Ferson	Area code & Daytine Telephone Aumber
Enclosed is a che	eck for the following amount:	
\$125.00 Filing I	Fee \$\sum \$\\$130.00\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 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 - Name: The name of the Limited Liability Company	v is:	
	,	
Stumpy Ha	arris IIC	
(Must end with the words "Limited Li	Liability Company," "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
1201 E. Robinson Street Orlando, FL 32801	1201 E. Robinson Street Orlando, FL 32801	_ _
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	
Gordon	Gordon H. Harris Name  Gordon H. Harris	
Na	ame	
1201 E. Ro	obinson Street	F SS
Florida street address (I	P.O. Box NOT acceptable)	PHI2: 54
Orlando, FL 32801	1 <sub>FL</sub>	<b>7 2 2 3 3 3 3 3 3 3 3 3 3</b>
City, Stat	te, and Zip	100 E
registered agent and agree to act in this capa statutes relating to the proper and complete	in this certificate, I hereby accept the appoacty. I further agree to comply with the pro	intment as ovisions of all iar with and

(CONTINUED)

## Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gordon H. "Stumpy" Harris 1201 E. Robinson Street Orlando, FL 32801
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the of an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days
REQUIRED SIGNATURE:	2/24
(In accordance with sec	etion 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)
_	Gordon H. Harris
Typ Filing Fees:	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)