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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
NOV 19 2009  
EXAMINER

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NOV 19 2009  
EXAMINER

~~11/19/09 17:55~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2009

COY, KONIECZNY & PEPPEL, LLC  
405 MADISON AVE SUITE 700  
TOLEDO, OH 43604

SUBJECT: STDS, LLC  
Ref. Number: W09000049555

We have received your document for STDS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 109A00035169

**COY, KONIECZNY & PEPPEL, L.L.C.**

Attorneys at Law

405 Madison Avenue, Suite 700  
Toledo, Ohio 43604

Edwin A. Coy  
Timothy A. Konieczny\*  
Gregg A. Peppel\*  
David W. Doerner+

Telephone 419-724-5252 • Fax 419-724-5255  
www.ckp-law.com

\*Also Admitted in MI  
+Also Admitted in NC

November 2, 2009

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

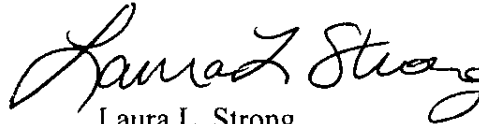
***STDS, LLC***

To Whom It May Concern:

Enclosed is our firm's check number 4103 in the amount of \$125.00 to cover the cost of filing of Articles of Organization for Florida Limited Liability Company. Please return the filing certificate pursuant to the enclosed correspondence form.

Do not hesitate to contact our office with any questions or concerns.

Very truly yours,



Laura L. Strong  
Paralegal

LLS:jeh

Enclosures

cc: Timothy A. Konieczny (w/o encls.)  
Tom Skees (w/o encls.)

**COY, KONIECZNY & PEPPEL, L.L.C.**

Attorneys at Law

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November 16, 2009

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
ATTN: Suzanne Hawkes

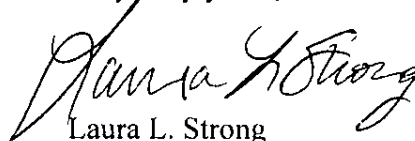
***SSTDEE, LLC***

To Whom It May Concern:

Enclosed are the new Articles of Organization for Florida Limited Liability Company for SSTDEE. Please return the filing certificate pursuant to the enclosed correspondence previously mailed with payment..

Do not hesitate to contact our office with any questions or concerns.

Very truly yours,



Laura L. Strong  
Paralegal

LLS:jeh

Enclosures

cc: Timothy A. Konieczny (w/o encls.)  
Tom Skees (w/o encls.)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SSTDEE LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

SSTDEE LLC  
14650 Eagle Ridge Drive 241  
Fort Myers, Florida 33912

#### Mailing Address:

Thomas A. Skees  
22060 Honeysuckle Lane  
Curtice, Ohio 43412

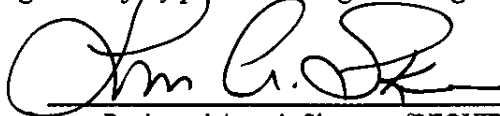
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Thomas A. Skees  
Name  
14650 Eagle Ridge Drive 241  
Florida street address (P.O. Box NOT acceptable)  
Fort Myers 33912 FL  
City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Thomas A. Skees  
22060 Honeysuckle Lane  
Curtice, Ohio 43412

Member

Sharon A. Lesner  
2400 Diana Road  
Cornersville, TN 37047

Member

Daniel P. Skees  
22225 Honeysuckle Lane  
Curtice, Ohio 43412

Member

Susan M. Neff  
22191 Red Clover Lane  
Curtice, Ohio 43412

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas A. Skees

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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