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	(Requestor's Name)	· ·
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	· · · · · · · · · · · · · · · · · · ·
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Special Instructions to Filing Officer:

A. LUNT

DEC 10 2009

EXAMINER

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COVER LETTER

TO:	Registration Division of C				
SUBJI	ECT:	Street	Technologies, LLC		
		Name of Limit	ed Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	spondence concerning this mat	ter to the following:		
		Amy M Sti	reet & Kelly A Felicetta		
			Name of Person		
		Street	Technologies, LLC		_
			Firm/Company		18.7
		898 H	Hunters Creek Dr	<u> </u>	30 6007
			Address	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1
			ourne, FL 32904	نيا <u>ت:</u> نيان:	-S
		Cit	y/State and Zip Code		<u> </u>
		Amyst E-mail address: (to be used)	reet22@gmail.com for future annual report notification)	<u> </u>	
For fu	ther information	n concerning this matter, please	·		.
		y M Street e of Person	_at (313)Area Code & Daytime To	377-2992 elephone Number	
Enclos	sed is a check	for the following amount:			
\$125 .	.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability (Company is:	
Street	Technologies, LLC	
(Must end with the words	"Limited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
898 Hunters Creek Dr Melbourne, FL 32904	898 Hunters Creek Dr Melbourne, FL 32904	
	dress of the registered agent are: Shirley Street	ndividual or another 90EC -9 PH
	Name	Care and Car
	98 Hunters Creek Dr	6
	et address (P.O. Box <u>NOT</u> acceptable)	
Melbourne,	FL City, State, and Zip	
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	agent and to accept service of process for t esignated in this certificate, I hereby accep this capacity. I further agree to comply w I complete performance of my duties, and t sition as registered agent as provided for it Agent's Signature (REQUIRED)	ot the appointment as with the provisions of all I am familiar with and

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Mana; "MGRM" = Mar		Name and Address:	
MGRM		Amy M Street	
		517 S. Riverside Dr	
		Pompano Beach, FL 33062	
MGRM		Kelly A Felicetta	
		640 Starin	
		Buffalo, NY 14216	
			400
		ξ, ζ:	
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			-1
		1,-	-c1
(Use attachment	if necessary)	(***	· ·
(Use attachment	date, if other than th	ie date of filing: (OPT	TIONAL)
LE V: Effective	date, if other than the sted, the date must late of filing.)	,	TIONAL)
LE V: Effective fective date is lis days after the d	e date, if other than the sted, the date must late of filing.) IGNATURE:	ne date of filing: (OPT be specific and cannot be more than five busine	TIONAL)
LE V: Effective fective date is lis days after the d	e date, if other than the sted, the date must late of filing.) IGNATURE:	ie date of filing: (OPT	TIONAL)
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LE V: Effective ffective date is lis days after the d	e date, if other than the sted, the date must late of filing.) IGNATURE: Signature of a memily (In accordance with sof this document contract the facts stated here.)	be specific and cannot be more than five busines When the specific and cannot be more than five busines When the specific and cannot be more than five busines Section 608.408(3), Florida Statutes, the execution statitutes an affirmation under the penalties of perjury servine are true.)	TIONAL)