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SECRETARY OF STATE
AND AHASSEE, FLORID

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: The Stillwell Group, LLC						
Name of Limited Liability Company						
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.				
Please return all corresp	ondence concerning this mat	ter to the following:				
Lee J. Stillwe	li					
Name of Person						
The Stillwell (Group, LLC					
Firm/Company						
1270 Gulf Blv	d. #308					
		Address				
Clearwater, F	L 33767					
City/State and Zip Code						
leejstillwellsr@aol.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Lee J. Stillwell at (202) 256-6259						
		Area Code & Daytime Telep	phone Number			
Enclosed is a check for the following amount:						
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 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 C Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I		Company is:	
The Stillwell G		s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A			-Lilie Commons in
The mailing address	ess and street add	ress of the principal office of the Limited Lia	ibility Company is:
Principal Office	Address:	Mailing Address:	
Harbour Light Towers		Harbour Light Towers	
1270 Gulf Blvd. #308		1270 Gulf Blvd. #308	
Clearwater, FL 3376	<u> </u>	Clearwater, FL 33767	
The name and the	Florida street ad Lee J. Stillwell	dress of the registered agent are:	7 . 10
		Name	APR CREEK
1270 Gulf Blvd. #308		d. #308	FIL RARRI
	F	lorida street address (P.O. Box NOT acceptable)	SEE, F
	Clearwater	FL 33767	- SI/ FLO
		City, State, and Zip	:: 20 PATE ORID
liability comp	any at the place d	agent and to accept service of process for the c esignated in this certificate, I hereby accept the n this capacity. I further agree to comply with	above stated limited e appointment as
		d complete performance of my duties, and I am	
~		sition as registered agent as provided for in C	•
•	Au	1 Million	-
	Registered	Agent's Signature (REQUIRED)	

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Owner/MGRM Lee J. Stillwell 1270 Gulf Blvd. #308 Clearwater, FL 33767 (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.)

Typed or printed name of signee

Lee J. Stillwell

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)