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EXAMINER

ROSS E. RUDOLPH \*  
MARC D. FINE (i)  
L. MONTGOMERY PORTER  
JAMES D. JOHNSON  
KRISTA B. LOCKYEAR  
KEITH A. SERMERSHEIM  
JEFFREY W. HENNING (ii, iii)  
STACY K. NEWTON  
ANGELA L. FREEL \*  
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JOSEPH H. LANGERAK IV (ii)  
PAUL C. RUDOLPH (ii, iii)  
JAMES B. GODBOLD

R. STEVEN KROHN  
DONALD R. WRIGHT \*  
DANIEL L. OLIVER  
(Of Counsel)



221 N. W. FIFTH STREET  
EVANSVILLE, INDIANA 47708

TELEPHONE: (812) 422-9444  
FACSIMILE: (812) 421-7459  
WEB-SITE: [www.rfpj.com](http://www.rfpj.com)  
November 12, 2010

MAILING ADDRESS  
P. O. BOX 1507  
EVANSVILLE, IN 47706-1507

(i) ALSO ADMITTED IN FLORIDA  
(ii) ALSO ADMITTED IN KENTUCKY  
(iii) ALSO ADMITTED IN ILLINOIS

\*CERTIFIED CIVIL MEDIATOR

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

RE: M. Stein Company, LLC

Gentlemen:

Enclosed please find three (3) fully executed copies of Articles of Organization for M. Stein Company, LLC and your letter dated October 13, 2010. Please file these Articles of Organization with your office and return to our office two (2) copies of the same, with your acceptance stamped thereon in the enclosed, self-addressed, postage prepaid envelope.

We shall appreciate receiving the filed and approved copies of the Articles of Organization at your earliest convenience.

Very truly yours,

RUDOLPH, FINE, PORTER & JOHNSON, LLP

By:

  
Marc D. Fine  
[mdf@rfpj.com](mailto:mdf@rfpj.com)

MDF:cds  
Enclosures

FILED  
10 NOV 15 PM 3:43  
OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2010

MARC D. FINE  
RUDOLPH, FINE, PORTER & JOHNSON, LLP  
221 N.W. FIFTH STREET, P.O. BOX 1507  
EVANSVILLE, IN 47706-1507

SUBJECT: STARR'S CONSULTING, LLC  
Ref. Number: W10000048038

We have received your document for STARR'S CONSULTING, 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 510A00024221

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M. Stein Company, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc D. Fine

Name of Person

Rudolph, Fine, Porter & Johnson, LLP

Firm/Company

221 N.W. Fifth Street, P.O. Box 1507

Address

Evansville, IN 47706-1507

City/State and Zip Code

mdf@rfpj.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc D. Fine

Name of Person

at ( 812 ) 422-9444

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

M. Stein Company, 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:

2737 Sawgrass Court  
Port Charlotte, FL 33952

#### Mailing Address:

### 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:

Marsha Ellenstein Vincent

Name

2737 Sawgrass Court

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte

FL 33953

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

**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:**

MGR

Marsha Ellenstein Vincent

2737 Sawgrass Court

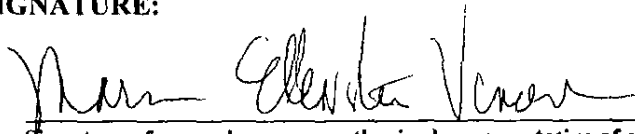
Port Charlotte, FL 33953

(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.)

Marsha Ellenstein Vincent

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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