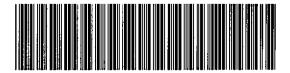
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Filing Officer:		
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: STEELDUST, LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Wayne R.Taylor		
	Name of Person	
Steeldust,LLC	E. 10	
	Firm/Company	
3952 Hunter's Isle Dr.		
	Address	
Orlando,FL., 32837-5815		
Cit	ty/State and Zip Code	
Wayne R. Taylor 48@Yahoo.co	m - ; . for future annual report notification)	
For further information concerning this matter, pleas	•	
Wayne R. Taylor	at (407 851-5433	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times\$ Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, 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 Circle Tallahassee, FL 32301	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Nayne R .Taylor 3952 Hunter's Isle Dr.	Same
Orlando,FI. 32837	
The name and the Florida street address Wayne R .Taylo	•
3952 Hunter	r's Isle Dr. ≧ુ 🚡
	a street address (P.O. Box NOT acceptable) FL 32837-5815 City State and Zip
Orlando	32837-5815
	City, State, and Zip
	nt and to accept service of process for the above stated limited

Page 1 of 2

(CONTINUED)

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	Name and Address: Member
MGRM	Wayne R.Taylor
	3952 Hunter's Isle Dr.
	Orlando,FL. 32837-5815
	······································
(Use attachment if nece	essary)
	other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days priofiling.)
REQUIRED SIGNAT	'URE:
Signa	ture of a member or an authorized representative of a member.
constitutes an I am aware tha	with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)
	ayne R.Taylor
	Typed or printed name of signee

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)