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T. CLINE
MAY 10 2011
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: The Standing Desk Co	ompany, LLC	
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	•	
Please return all correspondence concerning this ma	tter to the following:	
Franz Joseph Shropa		
	Name of Person	
The Standing Desk Comp	oany, LLC	
	Firm/Company	
481 S.W. Petersburg Terra	ace	
	Address	
Plantation, Florida 33325		
	ity/State and Zip Code	
shropaf@aol.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Franz Joseph Shropa	at (954 ) 472-5840 A	-
Name of Person	Area Code & Daytime Telephone Number	Lead-Arries marginaris in A
Enclosed is a check for the following amount:	E. F.	
\$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee \$\times\$ Certificate of Status	\$155.00 Filing Fee & State of Section & Certificate of Section & Certificate of Section & Certificate of Section & Certificate Copy (additional copy is enclosed)	. همدر شهر
Mailing Address Registration Section	Street/Courier Address Registration Section	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CI	ÆΙ	[ -	Na	me:
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The name of the Limited Liability Company is:

# The Standing Desk 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:	Mailing Address:
481 S.W. Petersburg Terrace	481 S.W. Petersburg Terrace
Plantation, Florida 33325	Plantation, Florida 33325

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:

Christopher Lance	Shropa, Esq. Name		
3530 Lake Cei	nter Drive, Unit 205	SE	2011
Florida str	eet address (P.O. Box NOT acceptable)	CRE	25
Mount Dora,	<sub>FL</sub> 32757	TARY	7-
	ity, State, and Zip		6
	nd to accept service of process for the	TO TO	. ₹.

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 appairment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
Franz Joseph Shropa, Mgr	481 S.W. Petersburg Terrace
	Plantation, Florida 33325
F. Kufro, Mgr	2920 Hunter Road
	Weston, Florida 33331
<del></del>	<del></del>
(Use attachment if necessary)  ARTICLE V: Effective date, if other the	nan the date of filing: May 1, 2011 (OPTIONAL)
to or 90 days after the date of filing.)	nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Josh Shioza Ps 3
(In accordance with sec	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.  the information submitted in a document to the Department of State.
I am aware that any fals constitutes a third degre	e felony as provided for in s 817 155 F.S.)
Franz Jo	seph Shropa
	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)