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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

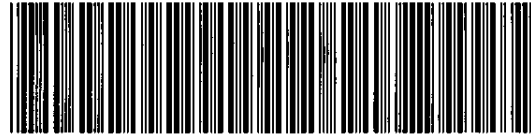
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

JUN 13 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STACY SANDERS, LLC

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

Please return all correspondence concerning this matter to the following:

Stacy Sanders
STACY SANDERS, LLC
4270 N. Michigan Avenue
Miami Beach, FL 33140

For further information concerning this matter, please call:

Stacy Sanders at (305) 978-5841.

Enclosed 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 enclosed)	? \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy enclosed)
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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: STACY SANDERS, LLC.

ARTICLE II—Address:

The mailing address and street address of the principal officer of the Limited Liability Company is: 4270 N. Michigan Avenue, Miami Beach, FL 33140.

ARTICLE III—Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Stacy Sanders
4270 N. Michigan Avenue
Miami Beach, FL 33140

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.

Stacy Sanders

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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:

MGRM

Stacy Sanders
4270 N. Michigan Avenue
Miami Beach, FL 33140

Stacy Sanders

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.)

Stacy Sanders

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization**
- \$ 25.00 Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA

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