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B. BOSTICK
AUG 9 2011
EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations			
SUBJ	ECT: Stei	nhour Design LLC			
		Name of Limited	d Liability Company		
The en	closed Article	s of Organization and fee(s) are su	ubmitted for filing.		
Please	return all corre	espondence concerning this matte	r to the following:		
	Amy Le	igh Steinhour			
			Name of Person		
		1	Firm/Company	<u>. </u>	
	3500 G	ulfshore Blvd. North,	ΔPT 108	_ 1	
	3300 0	unsilore Diva. North,	Address	<u> </u>	
_				> ::::::::::::::::::::::::::::::::::	
ļ	Naples, F	Florida 34103	0 12' 0.1	93 <u>5</u>	
	amostojak		State and Zip Code	m _s	70 / 1
-	amesterm	nour@yahoo.com E-mail address: (to be used for	future annual report notification)		<u>, </u>
For fur	ther informatio	on concerning this matter, please of	call:	ORIDA	30
Amy	Steinhour		at (239) 249-1939		
	Nan	ne of Person	Area Code & Daytime Tele	phone Number	
Enclos	ed is a check	for the following amount:			
S125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filin Certificate of Certified Cop (additional copy	Status &
		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 (Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	L	\mathbf{E}	I	-	N	2	m	e	:
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The name of the Limited Liability Company is:

Steinhour	Design 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:	<u>Mailing Address:</u>			
3500 Gulfshore B APT 108	lvd. North	3500 Gulfshore Blvd. Nort	h		
Naples, Florida 34	1103	Naples, Florida 34103			
(The Limited Liability business entity with a	Company cannot sen active Florida reger Florida street Amy Leigl	ent, Registered Office, & Registered Agenterve as its own Registered Agent. You must designate an instration.) address of the registered agent are: h Steinhour Name Ishore Blvd. North, APT 108		A CONTRACTOR OF THE PARTY OF TH	
		Florida street address (P.O. Box NOT acceptable))A		
	Naples	_{FL} 34103			
		City, State, and Zip			

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:

MGRM	Amy Leigh Steinhour 3500 Gulfshore Blvd. North, APT 108
	Naples, Florida 34103
	TAN
	ا درن احران الآل:
Use attachment if necessary)	LORID
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	>
REQUIRED SIGNATURE:	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Amy Leigh Steinhour

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)