# 11000093850

(Requestor's Name)	
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	—
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

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### Carol Allison Document Service 2650 Baywood Drive Titusville, Florida 32780

August 11, 2011

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

RE: PAUL STOUT, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee Certified Copy \$125.00

\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service 2650 Baywood Drive Titusville, Florida 32780 321.480.9789

Sincerely,

Carol Allison

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1**

PAUL STOUT, LLC.

#### **ARTICLE II**

Mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

**Mailing Address:** 

7045 Kaylor Ave. Cocoa, Fl. 32927

7045 Kaylor Ave. Cocoa, Fl. 32927

#### ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature: (You must designate an individual or another business with an active Florida registration)

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

Paul Stout 7045 Kaylor Ave. Cocoa, Fl. 32927

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 heareby 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.

August 11, 2011

DIVISION OF CONFORMING

#### **ARTICLE IV**

Manager or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

Name and Address

"MGR"=Manager

"MGRM"=Managing Member

**MGRM** 

Paul Stout

7045 Kaylor Ave. Cocoa, Fl. 32927

## ARTICLE V (Optional)

Effective date, if other than the date of filing:\_\_\_\_\_\_ (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:** 

August 11, 2011

(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.)

11 AUG | 5 AM B: 23

SECRETARY OF STATE