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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Stillwater-6, LLC	
	ted 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:
Melvyn S. Tockman	
	Name of Person
Stillwater6-,LLC	
	Firm/Company
5033 Wesley Drive.	
	Address
Tampa, Florida 33647-1376	
	ty/State and Zip Code
tockmanm@aim.com	C. C
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Melvyn S. Tockman	at (813) 745-1714
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\(\sumsymbol{1}\)\$125.00 Filing Fee \$\(\sumsymbol{1}\)\$Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	S:
Stillwater-6," LLC."	
(Must end with the words "Limited Liab	bility 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:
5033 Wesley Drive Tampa, FL 33647-1376	5033 Wesley Drive Tampa, FL 33647-1376
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Melvyn S. Tockman	registered agent are:
Nam	SSE S
5033 Wesley Dri	ive 🚆 🖫 📜

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..

Florida street address (P.O. Box NOT acceptable)

FL 33647-1376
City, State, and Zip

Registered Agent's Signature (REQUIRED)

Tampa

(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:

ACDM	Makan C. Tashmas
MGRM	Melvyn S. Tockman
	5033 Wesley Drive Tampa, FL 33647-1376
	rampa, FL 33647-1376
MGRM	Elizabeth H, Tockman
	5033 Wesley Drive
	Tampa, FL 33647-1376
Use attachment if necessary)	
E V: Effective date, if other than th	ne date of filing: (OPT be specific and cannot be more than five business

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. 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.)

Melvyn S. Tockman

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)