

L11000134700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

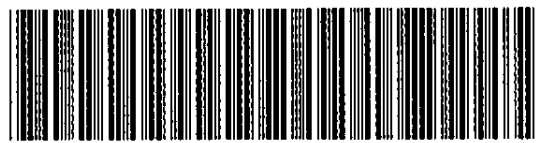
(Business Entity Name)

(Document Number)

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DEPT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 30 2011

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 11/29/2011

REF. #: 001190.157954

CORP. NAME: STEVENLORRI, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 542420 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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ARTICLES OF ORGANIZATION
FOR
STEVENLORRI, LLC,
a Florida Limited Liability Company

ARTICLE I
Name

The name of this limited liability company is STEVENLORRI, LLC (the "Company").

ARTICLE II
Address

The mailing address and street address of the principal office of the Company is:

3234 Harrington Drive
Boca Raton, FL 33496

ARTICLE III
Business Purpose

The purpose of the Company is to engage in any lawful activities for which a limited liability company may be organized under Chapter 608, Florida Statutes.

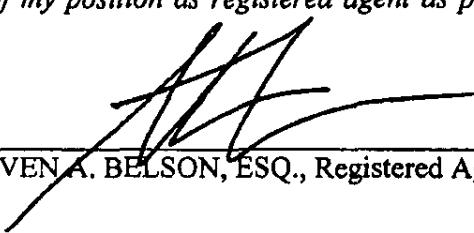
ARTICLE IV
Registered Office and Agent

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

STEVEN A. BELSON, ESQ.
Belson Law Group
2000 Glades Road, Suite 300
Boca Raton, Florida 33431

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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 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, Florida Statutes.


STEVEN A. BELSON, ESQ., Registered Agent

ARTICLE V
Duration

The Company shall exist perpetually unless terminated or dissolved in accordance with the Company's Operating Agreement

ARTICLE VI
Management

The name and address of the initial Manager of the Company are as follows:

STEVEN R. SILVERMAN
3234 Harrington Drive
Boca Raton, FL 33496

ARTICLE VII
Authorized Representative

The name and address of the person signing these Articles of Organization as the authorized representative of the members are: STEVEN A. BELSON, ESQ., 2000 Glades Road, Suite 300, Boca Raton, FL 33431.

Dated this 29th day of November, 2011.



STEVEN A. BELSON, ESQ.,
authorized representative

(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.)

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