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(Re	equestor's Name)	
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	ty/State/Zip/Phone	#1
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 2-1-12

02/06/12--01036--019 **125.00

2012 FEB -6 AM 8: 22 SECRETARY OF STATE

J. SAULSBERRY EXAMINER

FEB 8 2012

COVER LETTER

	istration Section sion of Corporations		•
SUBJECT:	Staffoway, LLC.		· ···········
	Name of Lim	ited Liability Company	
The enclosed	Articles of Organization and fee(s) ar	e submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
Jeff	frey Stafford		
		Name of Person	
		Firm/Company	
215	50 Bristol Grande Way		2012 FEB - SEGRETAF TALLAHAS
		Address	FEB RET AHA
Orlai	ndo/FL 32820		SE2 6 1
 	C	City/State and Zip Code	OF STA
Staff	fordjeff@yahoo.com		<u> </u>
	E-mail address: (to be used	for future annual report notification)	AH 8: 22 OF STATE: E. FLORIDA
For further in	formation concerning this matter, plea	se call:	,
Jeffrey St	afford	at (407) 568-9050	
	Name of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a	a check for the following amount:		
]\$12 5.00 Filing	g Fee \$\int_\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & 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 Circl Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:				
The name of the Li	mited Liability (Company is:			
Staffoway L	LC.				
(Mı	ist end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Ad	dress:				
The mailing addres	s and street addr	ress of the principal office of the Limited	Liability Co	mpany	/ is:
Principal Office A	ddress:	Mailing Address:			
2150 Bristol Grande	e Way				
Orlando, FL 32820					
	ompany cannot serve a	Registered Office, & Registered Agen as its own Registered Agent. You must designate an incition.)			
The name and the I	Florida street add	dress of the registered agent are:	TA	20	
	Jeffrey Staffo	ord	ECR. LAI	2012 FEB	-
		Name	HAS	-83	
2150 Bristol Grande Way		RY C SEE	9-	-	
	Flo	orida street address (P.O. Box NOT acceptable)	FS:	3	
	Orlando	_{FL} 32820	SET.	<u>ئ</u>	
		City, State, and Zip	¥ G	22	

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..

(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:

MGRM	Jeffrey Stafford 2150 Bristol Grande Way	
	Orlando, FL 32820	
MGRM	Dustin Holloway	
	3030 Wild Turkey Run	
	Geneva, FL 32732	
		2012
		I2F
		## EB
		-6 NRN SSE
	4	<u> </u>
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		ATE ATE
(Use attachment if necessary)		P N
CLE V: Effective date, if other than	the date of filing: 2/1/2012	. (OPTIONAL)
effective date is listed, the date mu	ust be specific and cannot be more than five	
0 days after the date of filing.)	or be specific and callion be more than it.	rusiness and b

(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.)

Signature of a member of an authorized representative of a member.

Jeffrey Stafford

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)