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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

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EXAMINER



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COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: GARSTAN ENTERPRISES LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES MICHAEL WELCH
Name of Person
ATTORNEY AT LAW
Firm/Company
1510 LUCKY STREET
Address
OCEANSIDE, CA 92054
City/State and Zip Code
JMW3333@AOL.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES MICHAEL WELCH at (760) 433-3853
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$155.00 Filing Fee \$\times \text{Certified Copy}\$ (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTollebasses, FL 233142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR'	TICI	FI	_ N	Jan	16
Δ	111.1	4117	- 1	12111	HE.

The name of the Limited Liability Company is:

GARSTAN ENTERPRISES 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:	Mailing Address:	
850 SW MARTIN DOWN BLVD. PALM CITY, FL 34990	850 SW MARTIN DOWN BLVD. PALM CITY, FL 34990	
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another	
The name and the Florida street address	of the redictered agent are:	Z ∡
CHRISTOPHER	GARRIS	MAR
	Name of the	$\overline{\sim}$

850 SW MARTIN DOWN BLVD.

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

PALM CITY,

_{FL} 34990

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	STANLEY R. GARRIS
WIGRINI	850 SW MARTIN DOWN BLVD.
	PALM CITY, FL 34990STANLEY
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL)
	t be specific and cannot be more than five business day

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.)

STANLEY R. GARRIS

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)