

#L12000064580

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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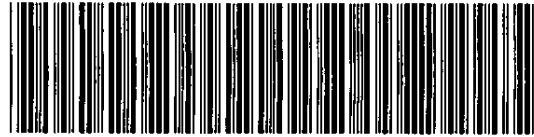
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAY 14 2012

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STUART INVESTORS, LLC

Signature

Requested by: BN

05/11/12

Name

Date

Time

Walk-In

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TALLAHASSEE, FLORIDA

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- ☒ L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- ☒ Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 10, 2012

CAPITAL CONNECTION, INC.

SUBJECT: STUART INVESTORS, LLC
Ref. Number: W12000026066

We have received your document for STUART INVESTORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 512A00013989

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
STUART INVESTORS, LLC**

The undersigned, being all of the organizers hereunder, execute these Articles of Organization for the purposes of forming and does hereby form a limited liability company under the laws of the State of Florida in accordance with the following provisions.

**ARTICLE I
NAME**

The name of the limited liability company is STUART INVESTORS, LLC (the "Company").

**ARTICLE II
INITIAL PRINCIPAL OFFICE**

The mailing address of the initial principal office of the Company is:
**241 East Prospect Road
Fort Lauderdale, Florida 33334**

**ARTICLE III
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the initial registered office of the Company is:
**241 East Prospect Road
Fort Lauderdale, Florida 33334**

The initial registered agent of the Company is:
Michael R. Rechter

**ARTICLE IV
MANAGEMENT**

The affairs of the Company are to be managed by the members of the Company, subject to the provisions of the Company's operating agreement. The initial members shall be:
Michael R. Rechter & David L. Romano

**ARTICLE V
DURATION**

The Company shall exist Perpetually.

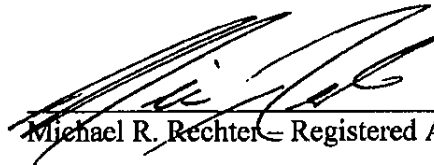
EXECUTED AND ACKNOWLEDGED by the undersigned at the principal corporate office, on this the 9TH day of May 2012.



David L. Romano - Member



Michael R. Rechter - Member



Michael R. Rechter - Registered Agent

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

1. The name of the company is:

STUART INVESTORS, LLC

2. The name and address of the registered agent and office is:

MICHAEL RECHTER

241 EAST PROSPECT ROAD

FORT LAUDERDALE, FLORIDA 33334

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.



MICHAEL RECHTER