

L12000093012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Ben
AUTHORIZATION BY PROXY TO
CORRECT Art. VI
DATE 7/18/12
DOO. EXEM.

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FILED
12 JUL 18 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan JUL 18 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Law Offices of Ben Stechschulte

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:

Ben Stechschulte

Name of Person

Law Offices of Ben Stechschulte

Firm/Company

511 W. Bay Street, Suite 350

Address

Tampa, FL 33606-2770

City/State and Zip Code

benstech@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Stechschulte

at (813) 695-8091

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2012

BEN STECHSCHULTE
511 W. BAY STREET, SUITE 350
TAMPA, FL 33606-2770

SUBJECT: LAW OFFICES OF BEN STECHSCHULTE, P.L.
Ref. Number: W12000037470

We have received your document for LAW OFFICES OF BEN STECHSCHULTE, P.L. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 912A00018815

813-253-5942

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Law Offices of Ben Stechschulte, P.L. (see article 6)

(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:

511 W. Bay Street, Suite 350
Tampa, FL 33606-2770

Mailing Address:

511 W. Bay Street, Suite 350
Tampa, FL 33606-2770

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ben Stechschulte

Name

511 W. Bay Street, Suite 350

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

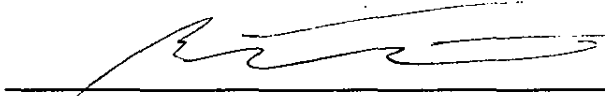
Tampa, FL 33606-2770

FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

Ben Stechschulte

511 W. Bay St., Suite 350

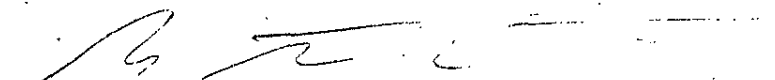
Tampa, FL 33606-2770

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Ben Stechschulte
Typed or printed name of signee

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12 JUL 18 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

**ARTICLE VI- Purpose to Establish a Professional Limited Liability Company
("P.L.")**

Pursuant to Chapters 608 and 621 of the Florida Statutes, Law Offices of Ben
Stechschulte will be designated as a Professional Limited Liability Company (P.L.).

Initials from MGRM

BS

The purpose of the Professional Limited Liability Company is the practice of law.

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TALLAHASSEE, FLORIDA