L12000097716

(Requestor's Name)		
,	•	
. (Address))	
(Address)		
(1.00)	,	
(City/Stat	e/Zip/Phone #)	
PICK-UP] WAIT MAIL	
(Business	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Cartificates of Status	
Certified Copies	Certificates of Status	
Special Instructions to Filing	Officer:	

Office Use Only



800237834368

07/27/12--01021--012 **125.00

TECRETARY OF STATE

C. LEWIS

JUL 3 0 2012

EXAMINER

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: South Shore	STUCCO LLC TE NAME - MUST INCLUDE SUFFIX)
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee	\$78.75 \$87.50 Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
•	
FROM: Name ((Printed or typed)
10957 cory	Lake Dive
Tampa, Flor	1da 33647 State & Zip
813-230-65 Daytime Te	lephone number
E-mail address: (to be used	for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

South Shore Staco LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
10957 cory Lake	10957 con Lake
rampa, FL 33647	Tomas C 33(4)
13111121 1 3309 1	Tampa, FL 33647

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:	7 7 7) :	
Nancy A. Taylor		= -	<u> </u>
10957 Con Lake Oriva Florida street attdress (P.O. Box NOT acceptable)	SSEF, FI	7 PM 12:	LED
Tompo FL 33647 City, State, and Zip	ORIGINA	: 23	

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager and address of each Manager	aging Member(s): ger or Managing Member is as follows: FILED
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF STATE TALL AHASSEE, FLORIDA
manager	Name A. Taylor 109572 con lake Drug Tampo, FL 336417
408 ob.,	

an effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
or 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE:	
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
- Nancy	Ped 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)