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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROYEL AND FILED

D. BRUCE

SEP 18 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	CCT: STANNA LLC	
	Name of Limited Liability Company	
The e	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	MARY A. SPONG	
	Name of Person	
	STANNA LLC	
	Firm/Company	
	405 HAWTHORNE COURT	1 SE
	Address	CRE
	NDIAN RIVER BEACH, FL 32937	CRE LARY
	City/State and Zip Code	¦≧ <u>-</u>
	mmikemullins@cfl.rr.com E-mail address: (to be used for future annual report notification)	\frac{1}{5}
For fu	ther information concerning this matter, please call:	iii r 7m ii
Mar	A. Spong at (321) 265-1164	
	Name of Person Area Code & Daytime Telephone Number	
Enclo	ed is a check for the following amount:	
\$125.0	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
STANNA LLC	
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

ARTICLE I - Name:

405 HAWTHORNE COURT	220 CHENEY HWY
INDIAN RIVER BEACH, FL 32937	TITUSVILLE, FL 32780

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:

MIKE MULLINS, EA

Name

220 CHENEY HWY

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

TITUSVILLE

FI 32780

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)

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"	STEPHANIE SMITH 502 ORANGE AVE MERRITT ISLAND, FL 32952
'MGRM"	MARY A. SPONG
_	405 HAWTHORNE COURT INDIAN HARBOUR BEACH, FL 32937
Use attachment if necessa	ry)
	ner than the date of filing: (OPTION.
ective date is listed, the d lays after the date of filin	ate must be specific and cannot be more than five business da

(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 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 or an authorized representative of a member.

STEPHANIE SMITH

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)

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