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B. BOSTICK MAY **2 9** 2013

FXAMINES

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

David Stillwell 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:

David Stillwell

Name of Person

David Stillwell Enterprises LLC

Firm/Company

3901 Sw 38th Street

Address

Gainesville, Florida 32608

City/State and Zip Code

dstillwell9@gmail.com

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

For further information concerning this matter, please call:

David Stillwell

352 25

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 Fcc, 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 Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:	
The hame of the Emmod Endomy	Company io.	
David Stillwell Enterprises LLC		·
(Must end with the wor	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street ad	dress of the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
3901 Sw 38th Street	3901 sw 38th street	
gainesville, fl 32608	gainesville, fl 32608	
(The Limited Liability Company cannot serve business entity with an active Florida regist.) The name and the Florida street active Florida street active Florida street.	•	idual or another
David Stillwell	Name	FIL 2013 HAY 28 SECRETARY ALLAHASSE
	Name	AY 28 RETARY I
3901 Sw 38th		338 8 8
	Florida street address (P.O. Box NOT acceptable)	PHIZ: 2
	gainesville , fl 32608	- 12: - 13:
	City, State, and Zip	26 85
-	l agent and to accept service of process for the designated in this certificate, I hereby accept t	

(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:

"MGR" = Manager "MGRM" = Managing Memb	er
MGR	DAVID STILLWELL 3901 SW 38TH STREET
	GAINESVILLE ,FL 32608
	CANALO VILLE, I E 32000
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	OF STATE
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	-
(Use attachment if necessary)	
LE V: Effective date if other	than the date of filing: (OPTIONAL)

ij

REQUIRED SIGNATURE:

Signature of a member of 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.)

DAVID STILLWELL

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)