

L1300468702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

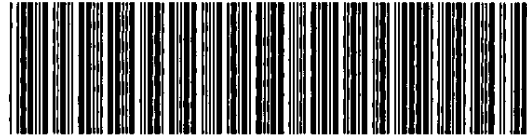
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200253953422

12/04/13--01013--006 \*\*160.00

FILED  
2013 DEC -4 AM 10:58  
CLERK OF STATE  
TALLAHASSEE FLORIDA

DEC 05 2013

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STIC Enterprise 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:

**Ian Clarke**

Name of Person

Firm/Company

**222 Lakeview Ave., Ste. 160-312**

Address

**West Palm Beach, FL 33401**

City/State and Zip Code

**mrianpclarke@gmail.com**

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

For further information concerning this matter, please call:

**Ian Clarke**

Name of Person

at ( **561** ) **537-0370**

Area Code & Daytime Telephone Number

FILED  
2013 DEC -4 AM 10:58  
TALLAHASSEE FLORIDA  
CLERK OF THE COURT

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STIC Enterprise LLC

(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:**

**Mailing Address:**

222 Lakeview Ave., Ste. 160-312

222 Lakeview Ave., Ste. 160-312

West Palm Beach, FL 33401

West Palm Beach, FL 33401

**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:

Ian Clarke

Name

7535 Colony Lake Drive


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

Boynton Beach, Florida 33436

City, State, and Zip

FILED  
2018 DEC -4 AM 10:58  
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

**Name and Address:**

MGR \_\_\_\_\_

IAN CLARKE  
7535 COLONY LAKE DR  
BOYNTON BEACH, FL 33436

MGRM \_\_\_\_\_

SHAUN THOMPSON  
5582 RAMBLER ROSE WAY  
WEST PALM BEACH, FL 33415

\_\_\_\_\_

\_\_\_\_\_

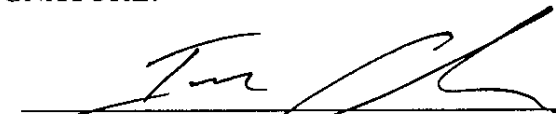
\_\_\_\_\_

\_\_\_\_\_

(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.)

IAN CLARKE  
\_\_\_\_\_  
Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE  
FLORIDA

2019 DEC -4 AM 10:58

FILED

**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)