## 14000005308

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

		WALK IN
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l <b>.</b>	Still Water-Cla	RQ, LLC
2.	(CORPORATE NAME AND DOCUMENT #)	
3.	(CORPORATE NAME AND DOCUMENT #)	
1.	(CORPORATE NAME AND DOCUMENT #)	
5.	(CORPORATE NAME AND DOCUMENT #)	
<b>6.</b>	(CORPORATE NAME AND DOCUMENT #)	
SPECIAI	L INSTRUCTIONS:	

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STILLWATER-CIARA, 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:
James Vanderwoud, Esq.
Name of Person
South Milhausen, P.A.
Firm/Company
1000 Legion Place, Suite 1200
Address
Orlando, FL 32801
City/State and Zip Code jvanderwoud@southmilhausen.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Vanderwoud at 407 539-1638
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$130.00 Filing Fee & \$\sum_{\text{Certificate of Status}}\$\$ Certified Copy (additional copy is enclosed) \$\$ (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

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
STILLWATER -CIARA, 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 prin	ncipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
1312 E. Robinson Street	1312 E. Robinson Street	
Orlando, Fiorida 32801	Orlando, Florida 32801	
(The Limited Liability Company cannot serve as another business entity with an active Florida reg The name and the Florida street address of the reg	istration.) gistered agent are:	
	rane	
1000 Legion Place, Suite 1200		<del>_</del>
Florida street address (P	O. Box NOT acceptable)	
OKLANUU	FL 32801	
City	Zip	-
Having been named as registered agent and to ac the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep Registered Agent'	y accept the appointment as registere visions of all statutes relating to the p	d agent and agree to act in this roper and complete performance
(CO	VTINUED)	2011 SE TAL

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

<u>  Fitle:</u>  AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	JSS-CIARA, LLC
	1312 E. Robinson Street
	Orlando, Florida 32801
V: Effective date, if other than the	ate of filing: (OPTIONAL)
ctive date is listed, the date must b f filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must b filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must b	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the ctive date is listed, the date must b filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the ctive date is listed, the date must be filing.) CVI: Other provisions, if any.  REOUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the ctive date is listed, the date must be filing.)  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with sections)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the cive date is listed, the date must be filing.)  VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with sect constitutes any affirmatic	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the cive date is listed, the date must be filing.)  VI: Other provisions, if any.  ECOUIRED SIGNATURE:  Signature of a (In accordance with sect constitutes any affirmation of a number of a	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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