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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Standel Trading, LLC	하는 말 기사 말
Name of Limited Liability Company	1951 4
The enclosed Articles of Organization and fee(s) are submitted for filing.	25111 -
Please return all correspondence concerning this matter to the following:	
Joe Miyamoto	
Name of Person	
Standel Trading, LLC	
Firm/Company	
7018 Morningstar Ln	
Address	
New Port Richey, FI 34652	
City/State and Zip Code	
merrymonk@tampabay.rr.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joe Miyamoto ,727 ,847-9446	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$160.00 Filing It Certified Copy (additional copy is enclosed)	atus &
Mailing Address Pagistration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

			TY COMPANY
ARTICLE I - Name;			
The name of the Limited	d Liability Company is:		
Otanidal Tending III O			
Standel Trading, LLC	fust end with the words	"Limited Liability Company, "L.L.C	" or "LLC.")
		,,,,,	,, ====,
ARTICLE II - Address The mailing address and		incipal office of the Limited Liability	y Company is:
Principal Office Addre	<u>:ss:</u>	Mailing Address:	
7018 Morningstar Ln		7018 Morningstar Ln	
New Port Richey, Fl. 34652	2	New Port Richey, Fl. 34652	
(The Limited Liability Canother business entity	Company cannot serve as with an active Florida re		
The name and the Florid		egistered agent are:	
-	Joe Miyamoto	Name	_
		Ttanic	
-	7018 Morningstar Ln	D.O. Day MOT	-
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
	New Port Richev	FL 34652	
	City	Zip	
the place designated capacity. I further agi	l in this certificate, I here ree to comply with the pr	accept service of process for the above the accept the appointment as register to visions of all statutes relating to the the obligations of my position as re Chapter 605, F.S	red agent and agree to act in this proper and complete performance
	Registered Agen	Mulmoll) t's Signature (REQUIRED)	
	,	Mumol) t's Signature (REQUIRED) ONTINUED)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Joe Miyamoto	_
	7018 Morningstar Ln	
	New Port Richey, Fl. 34652	_
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(Use attachment if necessary)		
of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or	90 G
E VI: Other provisions, if any. REQUIRED SIGNATURE:	1	
E VI: Other provisions, if any. REQUIRED SIGNATURE:	1	
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	mber or an authorized representative of a member. 605.0203 (1) (6), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	-
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	mber or an authorized representative of a member. 505.0203 (1) (6), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)	-
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