114000120466

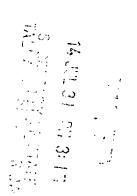
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900262665119

07/31/14--01014--023 **130.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: The Stuff Guys Name of Lin	mited Liability Company	
	losed Articles of Organization and fee(s) a		
Please r	eturn all correspondence concerning this m	atter to the following:	
	Anthony Cuomo	Name of Person	
	The Stuff Guys	Firm/Company	, , , , , , , , , , , , , , , , , , ,
		1 mil Company	
	16118 Temple Blvd	Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Loxahatchee, Fl. 33470	City/State and Zip Code	
_pir	atescave48@gmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For furt	her information concerning this matter, ple	ase call:	
Ira Zuc	kerman at (at (at (561) <u>254-1597</u> Area Code Daytime Tel	lephone Number
_	d is a check for the following amount: Filing Fee \$\Bigsiz \$130.00 \text{ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Stuff Guys, LLC, (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16118 Temple Blvd, Loxahatchee, FL 33470	16118 Temple Blvd, Loxahatchee, FL 33
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
Anthony Cuomo Name	
16118 Temple Blvd Florida street address (P.O. Box I	NOT acceptable)
Loxahatchee	FL 33470
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance actions of my position as registered agent as provided for in refo.
Registered Agent's Signatur	re (REQUIRED)
(CONTINUE	
Page 1 of 2	

	Name and Address:
MBR" = Authorized Member MGR" = Manager	
lanager	Ira Zuckerman
	5226 Tiffany Anne Circle
	West Palm Beach, FL 33417
······································	
Ico attachment if neargeass)	
ive date is listed, the date must be spec filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or
V: Effective date, if other than the date of ive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.	ther or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date of ive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform.	ther or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
V: Effective date, if other than the date of ive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	ther or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date of ive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Ira Zuckerman	ther or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
V: Effective date, if other than the date of ive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Ira Zuckerman	ther or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)