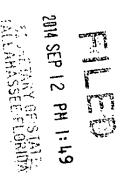
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400264240244

09/12/14--01008--022 **125.00



COVER LETTER

	eration Section on of Corporations		
SUBJECT: S	teerski LLC Name of Lir	nited Liability Company	
The enclosed A	rticles of Organization and fee(s) as	re submitted for filing.	
Please return al	l correspondence concerning this m	atter to the following:	
<u>Jac</u>	cque Steer	Name of Person	
Ste	erski LLC	Firm/Company	
	·	compuny	
<u>538</u>	31 SW 34th Ave	Address	
		Address	2014 C
<u>Oca</u>	ala FL 34471		SEP
		Sity/State and Zip Code	55E
<u>steerski@</u>	E-mail address: (to be use	d for future annual report notific	ation)
For further info	rmation concerning this matter, plea	ase call:	STATE STATE
Jacque Steer	at (3	352) <u>502-2004</u>	
	Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a ch	neck 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	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Cornora	tions

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Limi		npany is:		
Steerski LLC	(Must end with th	ne words "Limited I	Liability Company, "L.L.C.," or "LLC	
ARTICLE II - Addr The mailing address a		of the principal off	ice of the Limited Liability Company	y is:
Principal Office Add	lress:		Mailing Address:	
5381 SW 34th Ave Ocala FL 34471			5381 SW 34th Ave Ocala FL 34471	
	Company cannot ty with an active	ot serve as its own F Florida registration		e an individual or
	Jacque Steer	_		
	gacque Otoer	Name		
	5381 SW 34th Florida street	h Ave address (P.O. Box	NOT acceptable)	
	Ocala		FL 34471	
		City	Zip	
the place designat capacity. I further o	ed in this certifica agree to comply w am familiar with	ate, I hereby accept with the provisions of and accept the obli	vice of process for the above stated lin the appointment as registered agent a f all statutes relating to the proper an gations of my position as registered a er (05, F.S	and agree to act in this d complete performance gent as provided for in
	/	(CONTINUE	CD)	2 PH I:
		Page 1 of 2		6

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Jacque Steer	_
	5381 SW 34th Ave	
	Ocala FL 34471	-
AMDD	James M. Steam Jr	
AMBR	James W Steer Jr 2809 S. Lynhaven Rd	-
	Virginia Beach Va 23452	-
	Vilginia beach va 20402	-
		_
	 	-
		-
		_
		-
		-
(Use attachment if necessary)		
of filing.)	n the date of filing:	90 da
of filing.) E VI: Other provisions, if any.		
of filing.) E VI: Other provisions, if any.		
of filing.) E VI: Other provisions, if any.		
E VI: Other provisions, if any. REQUIRED SIGNATURE:	an A	
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur	e of a member or an authorized representative of a member.	
REQUIRED SIGNATURE: Signatur (In accordance with some some some some some some some some	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE: Signatur (In accordance with some state an affirmation in a management of the state and its secondary in the secondary in a management of the state and its secondary in a management of the state of the sta	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. easls information submitted in a document to the Department of State	
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third de	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)	
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third de	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)	
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third de	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third de	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.)	2014
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third de	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.) Typed or printed name of signee	2014
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third departments)	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)	
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third departments)	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State pree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: les of Organization and Designation of Registered Agent	2014 SEP 1
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third department of the second	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State pree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: les of Organization and Designation of Registered Agent tional)	2014 SEP 12
REQUIRED SIGNATURE: Signatur (In accordance with s constitutes an affirma I am aware that any f constitutes a third department of the second	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State pree felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: les of Organization and Designation of Registered Agent tional)	2014 SEP 1

ARTICLE IV-