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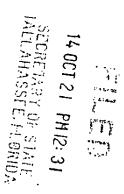
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## COVER LETTER

TO: Registration Division of	s Section Corporations		
SUBJECT: 7/0	oring Specialing	STS APTS, LLC nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Cortie L.	Wilson	
		Name of Person	
		Firm/Company	
	9207 Wille	owcrest Ct	
		Address CT	
	Fort Myers	7-1 33908 ity/State and Zip Code	
	C	ity/State and Zip Code	
<u>Co</u>	rticismogn E-mail address: (to be used	79./, Com	tion)
	n concerning this matter, plea		
Cortie L. Nan	at (at (	219 406-5 Area Code Daytime Tel	BO 80_ ephone Numb <del>er</del>
Enclosed is a check for	r 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)
	ling Address	Street/Courier Adda	<u>1855</u>

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 Limited Liability Company is:	
7-100ring Specialists A	pts., U.C., ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9207 4 illowcrest Ct.	9207 Willowcrest Ct. FORT Myers, 71 33908
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother 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 ag	
(ortje lee Wilse Name	on, Jr.
Name	•
9207 Willower	est Ct.
Florida street address (P.O. Box N	
Fort Myers	FL 33908
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 Lam familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance varions of my position as registered agent as provided for in \$605, F.S
1 Hill	Es.
Registered Agent's Signatur	(RECVIRED)
registered Agent's pignatur	
(CONTINUE)	N SS 2
Page 1 of 2	PHIZ: 31

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Cortie Lec Wilson Jr. 9207 Willowcrest CT. Fort Myers, 71 33908
<del></del>	
(Use attachment if necessary)	
E V: Effective date, if other than the	date of filing: (OPTIONAL)
E V: Effective date, if other than the ective date is listed, the date must h	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 o
(Use attachment if necessary)  E V: Effective date, if other than the fective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 o
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)