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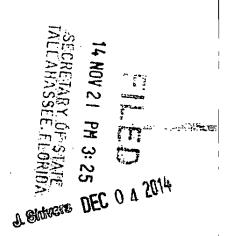
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COVER LETTER

Division of Corporations		
SUBJECT: Stephan's Gumbo Shack LLC		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Stephan Daves	Name of Person	
	Name of Person	
Stephan's Gumbo Shack LLC	Firm/Company	
901 Eisenhower Drive Apt 5	Address	
	1.04.400	
Kev West FI 33040	City/State and Zip Code	
keymanwest@startmail.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
William L Brice at (305) 496 0839 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	\$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 Addi	<u>ress</u>
Registration Section Division of Corporations	Registration Section Division of Corporat	ions
P.O. Box 6327	Clifton Building	10110
Tallahassee FL 32314	2661 Executive Cent	er Circle

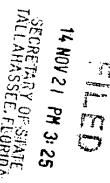
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Stephan's Gumbo Shack LLC (Must end w	ith the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		, , , , , , , , , , , , , , , , , , ,	
	lress of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
901 Eisenhower Drive Apt 5		901 Eisenhower Drive Apt 5	
Key West FL 33040		Key West FL 33040	
The name and the Florida street ac		gent are:	
901 Eisei	nhower Drive Apt 5		
	reet address (P.O. Box N	NOT acceptable)	
Key Wes		FL 33040	
	City	Zip	
the place designated in this cer capacity. I further agree to comp	tificate, I hereby accept to Ply with the provisions of With and accept the oblig	ice of process for the above stated limited liability he appointment as registered agent and agree to all statutes relating to the proper and complete prations of my position as registered agent as prove 605, F.S	act in this erformance
Re	gistered Agent's Signatur	re (REOUIRED)	

(CONTINUED)

Page 1 of 2



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Stephan Daves
	901 Eisenhower Drive Apt 5
	Key West FL 33040
AMBR	William L Brice
	901 Eisenhower Drive Apt 5
	Key West FL 33040
(Use attachment if necessary)	
	date of filing: O/ JAHUARY 2015 (OPTIONAL) De specific and cannot be more than five business days prior to or 90 d
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