

L14 000192187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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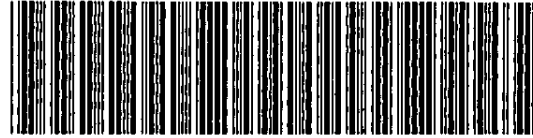
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 17 2014

COVERLETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SELAH STAHRSEN, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J Tamburro, PA. 1022 W. North Blvd. Leesburg, FL. 34748

E-mail address: RTamburro1@centurylink.net

For further information concerning this matter, please call:

ROBERT J TAMBURRO, PA (407) 341-3602
NAME CONTACT PERSON AT AREA CODE DAYTIME TELEPHONE NUMBER

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of status	<input type="checkbox"/> \$155.00 Filing Fee Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of status (additional copy Is enclosed Certified Copy (Additional copy is Enclosed.)
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Mailing Address Street/Courier Address

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SELAH STAHRSEN, "LLC"

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 5572 METROWEST BLVD. APARTMENT 107 ORLANDO FLORIDA. 32811.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SASHA HORNBERGER

Name

5572 METROWEST BLVD. APARTMENT 107 .

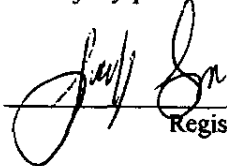
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FLORIDA 32811

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)
(CONTINUED)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SASHA HORNBERGER

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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