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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)
Certified Copies	Certificate	s of Status
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12/18/14--01005--022 **125.00



J. Shivers DEC 2 3 2014

COVER LETTER

	Registration Division of C	Section Corporations		
SUBJEC	T: <u>Tracy A</u>	. Steely, LLC Name of Lin	nited Liability Company	
The enclo	osed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please re	turn all corre	spondence concerning this m	atter to the following:	
	Tracy A.	Steely	Name of Person	
	Tracy A.	Steely, LLC	Firm/Company	
			· im company	
	24 Hornt	eam Way	Address	
	Santa Ro	sa Beach, FL 32459	ity/State and Zip Code	
tast	eely@gmail	.com E-mail address: (to be use	d for future annual report notifica	ation)
For furth	er information	n concerning this matter, plea	-	,
Tracy A	. Steely	at (_{	350) 803-9822	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclosed	is a check fo	r the following amount:		
☑ \$ 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mai	ling Address	Street/Courier Add	race

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

Street/Courier Addr 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:	
Tracy A. Steely, 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 offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
24 Hornbeam Way Santa Rosa Beach, FL 32459	24 Hornbeam Way Santa Rosa Beach, FL 32459
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:
Tracy A. Steely Name	
Name	
24 Hombeam Way Florida street address (P.O. Box N	NOT acceptable)
Santa Rosa Beach	FL 32459
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 obliging the complex that the obliging the complex that	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatu	ARE DEC
(CONTINUE)	Contraction of the second
Page 1 of 2	EFS:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Monager	Name and Address:
"MGR" = Manager AMBR	Troop A Stooly
AIVIDR	Tracy A. Steely
	24 Hornbeam Way
	Santa Rosa Beach, FL 32459
	
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.)	of filing: <u>January 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date extive date is listed, the date must be spot filling.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 d
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