## 61500 06 44031

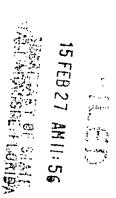
(Da	equestor's Name	<del></del>
(Re	equestor's ivame;	l
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Na	me)
(	· · · · · · · · · · · · · · · · · · ·	,
	ocument Number	<del>/</del>
(50	,ourner runnber	,
	O Prost	1 01-1
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



300269886803

02/27/15--01013--026 \*\*150.00



1 STEELS MAR 1'2 7115

## COVER LETTER

TO:	Registration S Division of Co			
SUBJĒ	CCT:	1487.E Name of Lir	Enterprises, LLC nited Liability Company	
The en	closed Articles of	Organization and fec(s) at	re submitted for filing.	
Please	return all correspo	ondence concerning this m	atter to the following:	
		Rob	ert L. Stevenson Name of Person	
			Name of Ferson	
		<del>,</del>	Firm/Company	
	3321 30th	Street West	Address	
	Bradenton,	Florida 34205		
_rst	evenson8787@		ity/State and Zip Code	ution)
		oncerning this matter, plea		mon)
Robert		at ( <u>C</u>	941 ) 779-7178 Area Code Daytime Te	ephone Number
Enclose	ed is a check for the	ne following amount:		
\$125.0	) 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)
	Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 ussee, FL 32314	Street/Courier Adding Registration Section Division of Corporate Clifton Building 2661 Executive Central Courier Processing Processi	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOMESTICAL AND		
ARTICLE I - Name: The name of the Limited Liability Company is:		
, ,		
1487 Enterprises, LLC		
	ed 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:	Mailing Address:	
3321 30th Street West	3321 30th Street West	_
Bradenton, Florida 34205	Bradenton, Florida 34205	-
		,
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	n Registered Agent. You must designate an indivi	dual or
The name and the Florida street address of the register	ed agent are:	
Robert L. Stevenson		
Nan	ne	
3321 30th Street West		
Florida street address (P.O. B	ox <u>NOT</u> acceptable)	
Bradenton	FL 34205	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate. I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles Registered Agent's Signature.	ept the appointment as registered agent and agree t is of all statutes relating to the proper and complete obligations of my position as registered agent as pro apter 605, F.S.	to act in this performance
(CONTIN	UED)	ĸ

Page 1 of 2

Fitle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Robert L. Stevenson
	3321 30th Street West Bradenton, Florida 34205
	Diagonton, Florida o 1200
	of filing: <u>2/24/2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be spe	
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.) EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be spot filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	mber or an authorized representative of a member.
E V: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes and the constitutes an affirmation under the constitutes and the constitutes and the constitutes and the constitutes are constituted and the constitutes and the constitutes and the constitutes are constituted and the constitu	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felon	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  nson Typed or printed name of signee
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon Robert L. Steven	mber or an authorized representative of a member.  5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)  EVI: Other provisions, if any.  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon Robert L. Steven	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Inson Typed or printed name of signee
Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false infort constitutes a third degree felon Robert L. Steven	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent