## 115000069469

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

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April 6, 2015

JESSICA PFEFFER 1250 E HALLANDALE BEACH BLVD SUITE 506 HALLANDALE BEACH, FL 33009

SUBJECT: S.T.A.Y. LLC. Ref. Number: W15000006400

We have received your document for S.T.A.Y. LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00001775

## `ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
STAX. Community 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:  Mailing Address:
2950 NE 1887 St Apt221 2950 NE 1887 It Apt 221 Acordina TL 33180 Acordina TL 33180
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:
The Preffer group UC
Florida street address (P.O. Box NOT acceptable)
Halladole BAIN FL 33009
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.
ERIC E POSSON
Registered Agent's Signature (REQUIRED)
(CONTINUED)

\_ \_ \_

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	January Ptetter
	2920 NE 1884574.
<b>.</b> A	Aventura +1 55,80
1015	lammy knighted
O	m. ani Bedie \$ 33135
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must	e date of filing:
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CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation)	a member or an authorized representative of a member.  or 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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