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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stephen & Stephen LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Efstathios Stephen Komninos
Name of Person
Stephen & Stephen LLC Firm/Company
Firm/Company
3290 Bermuda Isle Cir #435
Naples FL 34109 City/State and Zip Code Stephen Stephen LLC @ gmail. com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Stephen Stephen LLC @ gmail.com
For further information concerning this matter, please call:
Effections Stephen Known of 309 , 787-7845
Efstath os Stephan Komninos at 309 287-2845 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\times 25.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courler Address Registration Section

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

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:

Stephen & Stepl	ren 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	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3290 Bermudg Isle Cir #435 Naples FL 34109	3290 Bermuda Isle Cir #455 Naples FL 34109	
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	2 9
The name and the Florida street address of the registered a	gent are:	ಪ
Efstathius Staphen	. Komminus	
Name	mile and a few first transfer and the few first transfer and transfe	2 F
3290 Bermuda I	sle Cir #435	
Florida street address (P.O. Box 1	NOT acceptable)	
Naples City	FL 34109	5
·	ice of process for the above stated limited lightlity compan	nı at

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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MOK - Manager	
AMBR	(C + V
THINGK	Efstathios Stephen Komninos
AMBR	3290 Bermuda Isle Cir #435 Naples FL 34109
$N \sim N P \Omega$	
ITIODE	Stephen Woods
	7076 Par Dr Naples FL 34120
	NAME TO STATE
EV: Effective date, if other than the active date is listed, the date must b	date of filing: (OPTIONAL) we specific and cannot be more than five business days prior to or 90 day
(Use attachment if necessary) E V: Effective date, if other than the ective date is listed, the date must b of filing.) E VI: Other provisions, if any.	
EV: Effective date, if other than the ective date is listed, the date must b of filing.)	
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E V: Effective date, if other than the ective date is listed, the date must b f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	a member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ctive date is listed, the date must b f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false i	member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
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ARTICLE IV-