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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Caporations		
SUBJECT: STEVE SOL	ITH IIC	
SUBJECT: SIEVE SOE	Limited Liability Company	
Hallo of t	Emiliod dabaity Company	
The enclosed Articles of Organization and (s)	aresubmitted for filing.	
Pleasecturn all correpondencecorcerning tiss	matter to the thowing	
_	a 1	
STEPhen T.	Name of Person	
	Name of Person	
 	Firm/Company	
<u>10192 SW 13</u>	7 Th Ave.	
	Address	
Dunnellon Fl. Snydersteve 5 01	34432	
	City/State and To Code	
Snydersteve 5 01	Gmail · Comm	
	ed for future annual report naificat	
For further information conserning this matter, ple	aaca nall:	
For further mornauon conserring as matter, pie	rase call.	
5-01	271 . CH2 . CF	~ ;
S <u>Te Phen Snyder</u> at (Name of Person	Amp Ords Doubling Tologho	no Numb
Name of Person	Alea Code Dayume Lelepho	LIG LACIND
Enclosed is a check for the following amount:		
\$125.00 Filling Fee \$130.00 Filling Fee&	\$155 @ Ciling Eco?	\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy
		(additional copy is enclosed)
<u>Mailing Addres</u> s Registation Section	Street Address	
Division of Corporations	Registation Section Division of Corporat	tion

P.O. Box 6327 TallahæseeFL 32314

Clifton Building
2661 Executive Center Circle
TallahasseeFL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIM ITED LIABILIT Y COMPANY

ARTI CLE I - Name: The name of the Limitediability Company is	s:				
STEVE (Must end with the word	SouTH L dsLimited Liability Comp	LC. pany,"L.L.C.," or "l	LLC.")		
ARTI CLE II - Address: The mailing address and stretaddress of the	rincipal office of the Lim	nited liability Comp	eny is:		
PrincipaOffice Add	ires:	ME	ling Addre	BS	
10192 Sw 137 Th	Ave	10192 SW	137 Th	Ave	
Dunnellon Fl. 34	432	Dunnellon	F1.	3443Z	•
another business entity with an active Florida The name and the lorida street didress of the	e regtered agent æ:	eder			
	Name	TARI			
10192	SW 137 AV	<u>_</u>			
Florida ste	etaddress (PO. Box NO	I acceptable)			
Dunne	//on /=/.	34437	<u> </u>		
C	ity State	⊅			
Having beennamed as registered entand to a place designated in this certificate, I hereby ece further agree to comply with the provisis of all am familiar with and accept the bligations of m	pt theappointment as reg statutes relaing to the pa	isteredgentandag perand complete	ree to act i péormance	rthis capacity. of myduties,	. 1
12	ATH	1		2	
<i></i>	RegisAgents Sig	gnature (REQUIRE)	D)		5 MAY I
	(CONTINUE	(D)		(4)	<u>ယ</u> မှု
	Æge 1of 2	!		TO A SAREA	AH 7:56

Title:	<u>Name and Address:</u>
"AMBR" = Authorized Member	
*MGR" = Manager Pim BiR	Stephen T. Snyder
PUID IX	10192 SW 137 AVE
	Duna ellon 1-1. 34432
	Danie Silvie 777 37704
	•
effective date listed, the date ras	the date iting (OPTIONAL) bespecific and canot be more than five busineassiprior to or 90 als after
CLE V: Effective date, if other than effective date listed, the date use to offling.)	bespecific and canot be more than five busineassiprior to or 90 als after does not meet the applicable statutory filing requirements, this date will not be
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