## LISCOUNTEDS

(Re	equestor's Name)	<del> </del>
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

D.	vision of Co	•		
SUBJECT:		ake Holdings LLC		
		Name of Lii	mited Liability Company	<del> </del>
The enclose	d Articles o	f Organization and fee(s) an	re submitted for filing.	
Please retur	n all corresp	ondence concerning this m	atter to the following:	
	Mitchell Br	yon E. Tjin A Djie		
			Name of Person	
				•
			Firm/Company	_
	16427 Erie	Place		
			Address	
	Davie, Flor	ida 33331		
r	ntjinadjie@:		City/State and Zip Code	
<u>-</u>	<u> </u>		for future annual report notification	ntion)
For further in	formation co	oncerning this matter, pleas	e call:	
	Joel Kupferi	man 9 at (	54 961-1040 )	
~	Nar	,	rea Code Daytime Telepho	ne Number
Enclosed is	a check for	the following amount:		
\$125.00 Fil	ing 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)

**Mailing Address** 

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

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:	
Stirling Lake Holdings LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address	: <u>Mailing Address</u> :
Davie, Florida 33331	Same
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designate an individual or
The name and the Florida street address of the regi	stered agent are:
Mitchell Bryon	E. Tjin A Djie
	Name
16427 Erie Plac	ce
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)

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..

33331

Zip

State

Florida

City

Davie,

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

15 JUN 18 AM 8: 3

"MGR" = Manager AMBR    Mitchell Bryon E. Tjin A Djie	<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGR" = Ma	nager	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR		Mitchell Bryon E. Tjin A Djie
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			16427 Erie Place
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			Davie, Florida 333331
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			<u></u>
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Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	effective date is lie of filing.) If the date inser	listed, the date must be speci ted in this block does not me	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
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