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(Re	questor's Name)	<u> </u>
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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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SECRETARY OF STATE
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COVER LETTER

	TO: Registration Section Division of Corporations		
	SUBJECT: STEE	Name of Limited Liability Company	
	The enclosed Articles of Organization	on and fee(s) are submitted for filing.	
	Please return all correspondence con	cerning this matter to the following:	
		Jay A, Steele Name of Person	
		SteeleDME	
		Firm/Company	
		732 coliente Dr	`,
		Address	
		Brandon, FL.	33511
	E-mail addre	Brawdow, FL., City/State and Zip Code ay. Steele. Global @ ess/(to be used for future annual report no	esmail.com
ŀ	For further information concerning thi		
		le at (813) 330	-9269 Slephone Number
	Enclosed is a check for the following	amount:	
		siling Fee & \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address	Street Addres	s

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

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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: (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:
Clo STymo Technologies	Jan Steele.
7624 Bald Cypress Dl.	732 Callente Dr.
TAMPA, FL 33614'	Brandon, F4- 33511

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:

Name

732 Caliente Dro

Florida street address (P.O. Box NOT acceptable)

Brandon, FL, 335/1

City State Zip

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

AMBR" = Authorized Member MGR" = Manager	
	Jan Storle
	732 Caliente Dr.
	Brandon, FL 335/1
Use attachment if necessary)	
he date inserted in this block does not meet th	e applicable statutory filing requirements, this date will not be
ent's effective date on the Department of Sta	
	e applicable statutory filing requirements, this date will not be e's records.
ent's effective date on the Department of Sta	
ent's effective date on the Department of Sta VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member	Say States or an authorized representative of a member.
Signature of a member (In accordance with section 66) constitutes an affirmation unde	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.
Signature of a member (In accordance with section 66 constitutes an affirmation under I am aware that any false information to the control of the constitutes any false information under I am aware that a aware that	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
Signature of a member (In accordance with section 66 constitutes an affirmation under I am aware that any false information to the control of the constitutes any false information under I am aware that a aware that	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.
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EOUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon	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