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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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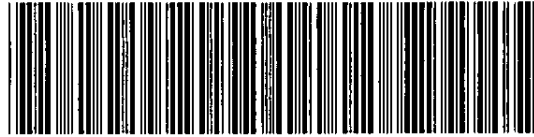
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
15 AUG 11 AM 11:09

8/17/15

ck

**Jon and Claudia Sjostedt  
Sjostedt Holdings, LLC  
354 Grand Bay Drive  
Palm Harbor, FL 34683**

August 1, 2015

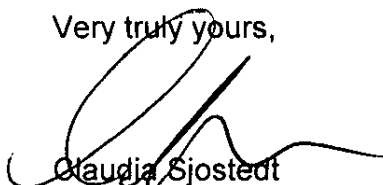
Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Sjostedt Holdings, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Claudia Sjostedt  
Sjostedt Holdings, LLC

Enclosures

check stapled here

## **ARTICLES OF ORGANIZATION**

of

### **SJOSTEDT HOLDINGS, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Sjostedt Holdings, LLC.

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

#### **ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

354 Grand Bay Drive  
Palm Harbor, FL 34683

The organization's mailing address shall be as follows:

354 Grand Bay Drive  
Palm Harbor, FL 34683

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**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Jon C. Sjostedt  
354 Grand Bay Drive  
Palm Harbor, FL 34683

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.

  
Jon C. Sjostedt, Registered Agent

**ARTICLE VI - MANAGERS**

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Jon C. Sjostedt  
354 Grand Bay Drive  
Palm Harbor, FL 34683

Claudia Sjostedt  
354 Grand Bay Drive  
Palm Harbor, FL 34683

## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Claudia Sjostedt  
354 Grand Bay Drive  
Palm Harbor, FL 34683

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 1<sup>st</sup> day of August, 2015.

  
\_\_\_\_\_  
Claudia Sjostedt

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Claudia Sjostedt, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1<sup>st</sup> day of August, 2015.



  
\_\_\_\_\_  
Notary Public, State of Florida at Large  
My Commission Expires: