

L15000207531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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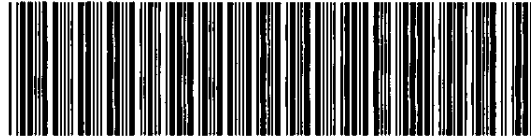
(Business Entity Name)

(Document Number)

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

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: (In) stagatrs, 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:

Rachel Owens

Name of Person

% Embry-Riddle Aero. Univ. Dept. of Civil Engineering  
Firm/Company

600 S. Clyde Morris Blvd.  
Address

Daytona Beach, FL 32114  
City/State and Zip Code

criador@erau.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Criado

Name of Person

at ( 386 ) 226-7979

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing 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

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

Street Address

New Filing 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:

(In) stagatrs, L.L.C.

(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:

Same  
600 S. Clyde Morris Blvd.  
Daytona Beach, FL 32114

ERAU Dept. of Civil Eng.  
600 S. Clyde Morris Blvd.  
Daytona Beach, FL 32114

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:

Rachel Owens

Name

1311 Bob White Tr.

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

Chuluota FL 32766

City

State

Zip

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FILED  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA

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)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

AMBR

**Name and Address:**

Rachel Owens  
522 East Creek Lane  
Middletown, DE 19709

Terra Keating  
1311 Bob White Trail  
Chuluota, FL 32766

Jonathan Cheatham  
8465 Belize Pl.  
Wellington, FL 33414

Angelica Umstead  
1465 Puritan St.  
Deltona, FL 32725

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Rachel Owens

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)

\$ 5.00 Certificate of Status (Optional)

Attachment for Article IV:

Title:

AMBR

Name and Address:

Garry Rodriguez

313 Windward Loop, Ft 33823

AMBR

Tyler Sankel

2035 Winding oaks Dr, palm herbr, FL 34683

AMBR

Adam Kelly

5233 Rosen Blvd, Boynton Beach, FL 33472

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OFFICE OF THE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA