## 160000/4776

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	***
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





200280685652

01/13/16--01016--007 \*\*130.00

EFFECTIVE DATE 01/16/16

## **COVER LETTER**

	egistration Section ivision of Corporations	,				
SUBJECT	Southern Redux LLC					
Name of Limited Liability Company						
The enclose	ed Articles of Organization and	fee(s) are si	ubmitted	for filing.		
Please retur	rn all correspondence concernit	ng this matte	r to the fo	ollowing:		
	Bo Stewart					
			Name of	Person	****	
	Southern Redux LLC					
		,	Firm/Co	npany		
	112 Long Leaf Lane					
			Addre	ess		
	Altamonte Springs, Fl 32714					
ь	oo@bostewart.com	City	State and	l Zip Code		
_	E-mail address: (to	be used for	future ar	nual report notificatio	n)	
For further in	formation concerning this matt	er, please ca	ıII:			
]	Bo Stewart	704 at (		7942083		
-	Name of Person	_ \	Code	Daytime Telephone	Number	
Enclosed is	a check for the following amou	ınt:				
<b>]\$125.00</b> Fil	sing Fee \$130.00 Filing Certificate of S	tatus 🗀	Certifie	Filing Fee & d Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section			Street Address New Filing Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b></b>	-			
Southern Redux LLO	C with the words "Limited L	iability Company	v "I I C "or "I I C ")	
(Mann and	with the words Diffitted D.	aubinty Company	y, L.L.O., or LLC. )	
ARTICLE II - Address:	adduses a Citica main aireat a PC.	ar a Cilia I imitead	H. Jahrille Common or for	
he mailing address and street a	mares or me himeibil orre	de of me Pinnes?	: Having Conpany is:	
Principal Office Address:			Mailing Address:	
5473 Beschmark		112	112 Long Leaf Lane	
A 11 S Control of the		11.00		
Unit 131			monte Springs, FL 32714	
Unit 131 Sanford, FL 32773  ARTICLE III - Registered Ag The Limited Liability Company	y cannot serve as its own Ro	Alta Registered Ages egistered Agent	monte Springs, FL 32714	
Unit 131 Sanford, FL 32773  ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag	Alta Registered Ages egistered Agest.	monte Springs, FL 32714	
Unit 131 Sanford, FL 32773  ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag  Bo Stewart	Alta Registered Ages egistered Agest.	monte Springs, FL 32714	
Unit 131 Sanford, FL 32773 ARTICLE III - Registered Ag	y cannot serve as its own Reactive Florida registration.) address of the registered as Bo Stewart  N 112 Long Leaf Lanc	Alta Registered Agent egistered Agent  gent are:	monte Springs, FL 32714  at's Signature: You must designate an individual or	
Unit 131 Sanford, FL 32773  ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.)  address of the registered as  Bo Stewart	Alta Registered Agent egistered Agent  gent are:	monte Springs, FL 32714  at's Signature: You must designate an individual or	
Unit 131 Sanford, FL 32773  ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered as Bo Stewart  N 112 Long Leaf Lanc	Alta Registered Agent egistered Agent  gent are:  Name  P.O. Box <u>NOT</u> a	monte Springs, FL 32714  at's Signature: You must designate an individual or	

place designated in this certificate, I hereby occupi the appointment is registered agent and agree to until 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 JEN 13 PH 4: 39

SECRET SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Bo Stewart  112 Long Leaf Lane  Altamonte Springs, FL 32714
MGR	Amy Stewart  112 Long Leaf Lane Altamonte Springs, FL 32714
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing: January 16, 2016 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days aft  of meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a This document is ext	member or an authorized representative of a member.

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

Typed or printed name of signee

Filing Fees:

Page 2 of 2

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Bo (Gabe) Stewart

as