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## **COVER LETTER**

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TO:	Registration Section Division of Corporations		
SUBJI	ECT: Stork Enterprises LLC Name of Lir	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Richard Stork	Name of Person	
	Stork Enterprises LLC	Firm/Company	
	1070 South Wickham Road	Address	
_		City/State and Zip Code	
	ick@SpaceCoast.edu E-mail address: (to be use ther information concerning this matter, ples	d for future annual report notifica	ation)
<u>Richa</u>	rd Stork at (at (at (at (	321 ) 729-9000 Area Code Daytime Te	lephone Number
	oned is a check for the following amount:  Of Filing Fee \$\sum \text{Status}\$  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/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

	FLORIDA LIVITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
Stork Enterprises LLC		
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address; The mailing address and street address of the principal o	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1070 South Wickham Road West Melbourne, FL 32904	1070 South Wickham Road West Melbourne, FL 32904	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	n Registered Agent. You must designate an individual or on.)	
Richard Stork		
Name	e	
1070 South Wickham Road Florida street address (P.O. Box	x <u>NOT</u> acceptable)	
West Melbourne	FL 32904	
City	Zip	
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	ervice of process for the above stated limited liability compan pt the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performan bligations of my position as registered agent as provided for in the content of the company of th	s nce

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Richard Stork 1070 South Wickham Road West Melbourne, FL 32904 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (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.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

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.)

Richard Stork

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)

Page 2 of 2

Stork Enterprises LLC 1070 S. Wickham Rd West Melbourne, FL

# **INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Stork Enterprises LLC:

Richard Stork 1070 S. Wickham Rd West Melbourne, FL 32904

Richard Stork, Organizer

Date

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