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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TStump Enterprises  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:
Tilon Sha
Tyler Hung Name of Person
Firm/Company
11308 Sew 58th Ave
Address
Ocala F1 34476
Ocala Fl 344760  City/State and Zip Code  PStump DAuto Customs. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
- · ·
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address  New Filing Section  New Filing Section

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

1 Stump Enterprises LLC	•
(Must end with the words Limited Liability C	ompany, "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:
11309 Ses 58th Cir Ocala F1 34476	[1309 Sw 58th Cir Ocala F1 34476

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:

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

	Tyler	Stu	mp	
	Na	me	ı	
11308	Ser	5844	Cir	
Florida street ad	dress (P.	Э. Вох <u><b>NC</b></u>	<b>)T</b> accep	table)
Ocalu		FI		34476
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Mem "MGR" = Manager MGR	Name and Address:  Oler Stume
	11308 Sw 98th Cit Ocala Fl 34476
	<b>.</b>
EV: Effective date, if other t	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 c
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