

Li60000067625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

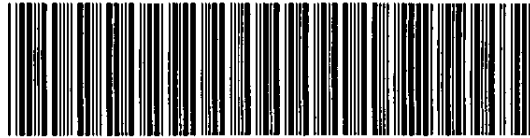
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-22068

Office Use Only



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03/18/16--01021--012 **125.00

16 MAR 18 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAR 18 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

MARK VAN TREES
P.O. BOX 7587
WESLEY CHAPEL, FL 33545

SUBJECT: STT EMERGENCY LIGHTS LLC
Ref. Number: W16000022068

We have received your document for STT EMERGENCY LIGHTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Stacy Prather
Regulatory Specialist III

Letter Number: 416A00006101

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STT Emergency Lights
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:

Mark Van Trees

Name of Person

STT Emergency Lights

Firm/Company

PO Box 7587

Address

Wesley Chapel FL 33545

City/State and Zip Code

mark@ourtroopsonline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

mark van trees 813 363-4402
at ()
Name of Person 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:

STT Emergency Lights LLC

(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:

PO Box 7587 Wesley Chapel FL 33545 *WT*

PO Box 7587 Wesley Chapel FL 33545

29807 SR 54 Wesley Chapel FL 33545

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:

Mark Van Trees

Name

29807 SR 54

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

Wesley Chapel

fl

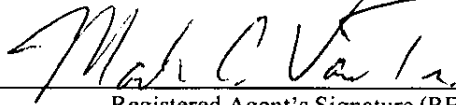
33545

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 18 AM 10:14

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AND
FILED

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

Name and Address:

mark van trees

po box 7587 Wesley Chapel FL 33545

(Use attachment if necessary)

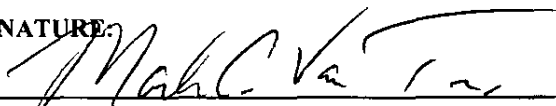
ARTICLE V: Effective date, if other than the date of filing: March 19, 2016. (OPTIONAL)

(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.

Mark Van Trees

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)

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