Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000121848 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107

Phone : (941) 625-1925

Fax Number

: (941)625-1526

Remoderation chail address for this business entity to be used for future ammual report mailings. Entor only one email address please.**

FLORIDA LIMITED LIABILITY CO.

Stas Matias LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
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5/17/2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 HAY 17 AM 10: 21

SECRETARY OF STATE
ALLAHASSEF FLORITE

ARTICLE I - Name:

The name of the Limited Liability Company is:

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:

1022 (ACOYN TY
DYNTA GOLDA, FL 33950 PUNTA GOLDA, FL 33950

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:

Stas Matias

Name

10226 Acorn Tr

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

Punta Gorda FL 33950

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 py-position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page I of 2

| | FIL | ED |
|--|---|-----------------------|
| ARTICLE IV- | 16 MAY 17 to manage and control the Limited Liability Company: | AH 10: 21 |
| Title: "AMBR" Authorized Member | to manage and control the Limited Liability Company: TALLAHASSE | OF STATE E FLORIDA |
| "MGR" - Manager | Stas Matias | |
| | Dunta Gorda, FL 33950 | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| the date of filing.) | d cannot be more than five business days prior to or 90 day. applicable statutory filing requirements, this date will not be I | |
| ARTICLE VI: Other provisions, if any. Real F | Estate Agent | _ |
| REQUIRED SIGNATURE: | 145 | _ |
| This document is executed in acc | r an authorized representative of a member, cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S. | |
| Fustacio | | |

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)