

L16000121375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

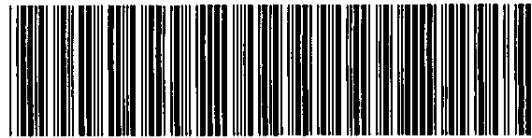
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100287391821

06/29/16 -01006--002 **125.00

RECEIVED
TALIAFERRO
6/29/16

16 JUN 29 AM 11:40

RECEIVED
DEPARTMENT OF STATE
16 JUN 29 AM 11:28

6/29/16

777 2121
7/30

16 JUN 29 AM 11:40

SEAL
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephen Witting LLC
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:

Stephen A Witting
Name of Person

Stephen Witting LLC
Firm/Company

163 Summerwood drive
Address

Crawfordville Florida 32327
City/State and Zip Code

BloddyB363L@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

____ at (____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

16 JUN 29 AM 11:40

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephen Witting 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:

163 Summerwood drive
Crawfordville 32327

163 Summerwood drive
Crawfordville 32327

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:

Stephen Witting
Name
163 Summerwood drive
Florida street address (P.O. Box **NOT** acceptable)
Crawfordville FL 32327
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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Stephen Witting
Registered Agent's Signature (REQUIRED)

(CONTINUED)

WFO-ALL
FILED

ARTICLE IV-

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

16 JUN 29 AM 11:40

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SE
TALLAHASSEE FLORIDA

Stephen Wittig
63 Summerwood Lane
Cantonville Florida 32327

(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.)

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.

Stephen Wittig

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)