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(Business Entity Name)

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16 JUL 13 AM 8:23  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1ST STEP ENTERPRISES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SETH ALLEN GREENSTINE  
Name of Person

1ST STEP ENTERPRISES LLC  
Firm/Company

6 COCONUT ROW  
Address

PORT ORANGE FL 32129  
City/State and Zip Code

SETH1STSTEP@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SETH GREENSTINE 386 846-2007  
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

TO: SYLVIA GILBERT REGULATORY SPECIALIST  
FROM: SETH GREENSTINE, PRESIDENT  
RE: NO INTENTION OF REINSTATING  
DATE: 7/11/16

DEAR MS. GILBERT;

I AM THE PRESIDENT OF  
1ST STEP ENTERPRISES INC.

I HAVE NO INTENTION OF REINSTATING  
THIS COMPANY.

SIGNED:

DOCUMENT:  
NUMBER

Sh 7/11

P14000022586 - 1ST STEP  
ENTERPRISES INC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1ST STEP ENTERPRISES 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:

6 COCONUT ROW  
PORT ORANGE FL  
32129

Mailing Address:

6 COCONUT ROW  
PORT ORANGE FL  
32129

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:

SETH A. GREENSTINE  
Name

6 COCONUT ROW

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

PORT ORANGE FL 32127  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 JUL 13 AM 8:24  
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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMGR

**Name and Address:**

ANNE R. HENDRIX  
6 COCONUT ROW  
PORT ORANGE FL 32127

(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:**

6/16  
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.

SETH ALLEN GREENSTINE  
Typed or printed name of signer

**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)