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TH
9/14/16

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Stream Server Laboratories, 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:

Joy Rebello
Name of Person

Stream Server Laboratories, LLC
Firm/Company

170 N.E. 2nd St., Suite 4062
Address

Boca Raton, FL 33429
City/State and Zip Code

joy@rebello.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Rebello at (770) 298 7577
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 CORPORATION

ARTICLE I: Name

Stream Server Laboratories, L.L.C.

ARTICLE II: Address

Principal Office Address:	**Mailing Address**
170 N.E. 2nd Street	170 N.E. 2nd Street
Suite 4062	Suite 4062
Boca Raton, Florida 33429	Boca Raton, FL 33429

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:

Joy L. Rebello

940 Sweetwater Lane, Suite 413

Boca Raton, FL 33431

Having been named as a registered agent and to accept service for process for the above stated limited liability company at the place designated on this certificate, I hereby accept the appointment as the 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 an accept the obligation of my position as registered agent as provided for Chapter 605, F.S.

X _____

Registered Agent's Signature (Required)

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(CONTINUED)

ARTICLE IV:

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

TITLE:	**Name and Address:**
Daniel P. Rebello, MGR	170 N.E. 2nd Street Suite 4062 Boca Raton, FL 33429
Joy L. Rebello, AMBR	170 N.E. 2nd Street Suite 4062 Boca Raton, FL 33429

ARTICLE V: Effective date, if other than the date of filing: **August 24, 2016** (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 5 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.

N/A

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REQUIRED SIGNATURE:

X _____

Signature of a member or an authorized representative of a member.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (l) (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.

Joy L. Rebello

Typed or printed name of signee

Filing Fees: $125 Filing Fee for Articles of Organization and Designation of Registered Agent, $30 Certified Copy (Optional), $5 Certificate of Status (Optional)