# Electronic Articles of Organization For Florida Limited Liability Company

L17000046558 FILED 8:00 AM February 28, 2017 Sec. Of State kpcardwell

## **Article I**

The name of the Limited Liability Company is: FORMATIONS BY STEWMAN LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

4010 W NEWBERRY RD SUITE A GAINESVILLE, FL. US 32607

The mailing address of the Limited Liability Company is:

4010 W NEWBERRY RD SUITE A GAINESVILLE, FL. US 32607

#### **Article III**

The name and Florida street address of the registered agent is:

THOMAS S SHIGO JR. 2801 SW COLLEGE ROAD STE 1 OCALA, FL. 34474

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.

Registered Agent Signature: THOMAS S SHIGO JR

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR ERIC STEWMAN JR 7727 NW 20TH DRIVE

GAINESVILLE, FL. 32609 US

Title: MGR

VELOSO N SALVADOR 9419 SW 27TH ROAD GAINESVILLE, FL. 32608

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#### Article V

The effective date for this Limited Liability Company shall be:

02/22/2017

Signature of member or an authorized representative

Electronic Signature: ERIC STEWMAN JR.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.