

**L17000167089**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000205155 3)))



H170002051553ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (800)293-4075

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

ATMONFL@OUTLOOK.COM

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**StiVoris Holdings, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED  
17 AUG -4 PM 12:20  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
17 AUG -4 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 07 2017

Electronic Filing Menu

Corporate Filing Menu

Help

K. Brumbley

H17000205155 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**StiVoris Holdings, 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:**14131 MAHOGANY AVE  
JACKSONVILLE, FL 32258**Mailing Address:**14131 MAHOGANY AVE  
JACKSONVILLE, FL 32258**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:

SONDRA BRYANT-MCCLENDON

Name

14131 MAHOGANY AVENUEFlorida street address (P.O. Box NOT acceptable)JACKSONVILLE

City

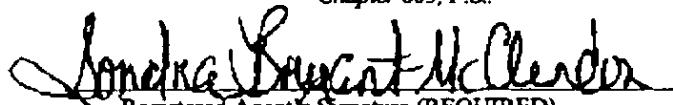
FL 32258

Zip

17 AUG - 4 AM 8:59  
RECEIVED  
ALLAHASSEE, FLORIDA

FILED

*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.*

  
Registered Agent's Signature (REQUIRED)

SONDRA BRYANT-MCCLENDON

(CONTINUED)

Page 1 of 2

H17000205155 3

H17000205155 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**SONDRA BRYANT-MCCLENDON14131 MAHOGANY AVEJACKSONVILLE, FL 32258

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

SONDRA BRYANT-MCCLENDON

Typed or printed name of signer

H17000205155 3