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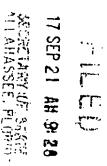
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SEP 22 2017

K. Brumbley

## COVER LETTER

TO:	New Filing Section Division of Corporations	
	•	
SUBJE	ECT: InclePenclent Stair	ned Glass Artist Stucke, LLC
	Name of Lim	nited Liability Company
The en	closed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Snodea 1	IP TO
	SAndra A	Name of Person
	Independent Stan	ned GIASS Artist Studio, ILC
		Firm/Company
	7557 NULAM	PKLLY Blog #47
	1338 19441110	Address
		, 188, 188
	MayArre Flor Spreciosa e medi	iUA 32566
	C. C. C. C. C.	ity/State and Zip Code
	Spreciosa e meui	4 Con bb, ner
	E-mail address: (to be used	for future annual report notification)
For furth	ner information concerning this matter, please	e call:
	S	OCA 217-9177
		850, 313-9177
	Name of Person A	rea Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
		\$155.00 Filing Fee & \$160.00 Filing Fee,
\$125.0	00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		(additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Independent Stained G  (Must contain the words "Limited Liability G		
ARTICLE II - Address:	and Control Control Control Control Control	
The mailing address and street address of the principal office of th	e Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7552 NAVANCEPLWY	2010 IRIS JAME	
MANARIC PL 32560	NAVATE FL 32566	
- 14BUHIL 10 31360		
ARTICLE III - Registered Agent, Registered Office, & Regist		
(The Limited Liability Company cannot serve as its own Registere	d Agent. You must designate an individual or	
another business entity with an active Florida registration.)	منن قبل مالية	=
The name and the Florida street address of the registered agent are		<u>~</u>

SANGM NEW

rame

2010 IRIS lanc

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

MAVATIE

State

7:-

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)

(CONTINUED)

ARTICLE IV- The name and address of each	person authorized to manage and control the Limited Liability Company:
Title: "AMBR" ≈ Authorized Memb "MGR" = Manager	Name and Address: er
MGR	SANDRA LIETO 2010 IRS IANE MYANTE FL 32566
<del></del>	
If an effective date is listed, the date note the date of filing.)	nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not apartment of State's records.
If an effective date is listed, the date in the date of filing.) Note: If the date inserted in this block the document's effective date on the De	does not meet the applicable statutory filing requirements, this date will not partment of State's records.
If an effective date is listed, the date in the date of filing.)  Note: If the date inserted in this block he document's effective date on the Dear RTICLE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not partment of State's records.
If an effective date is listed, the date in the date of filing.)  Note: If the date inserted in this block the document's effective date on the Dear RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signatu  This document I am aware that	does not meet the applicable statutory filing requirements, this date will not partment of State's records.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any false information submitted in a document to the Department of State wird degree felony as provided for in s.817.155, F.S.
f an effective date is listed, the date in the date of filing.) Note: If the date inserted in this block the document's effective date on the Deserted in the Deserted in this block the document's effective date on the Deserted in this document's effective date on the Deserted in this document is document in the date in t	does not meet the applicable statutory filing requirements, this date will not partment of State's records.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any false information submitted in a document to the Department of State.