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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

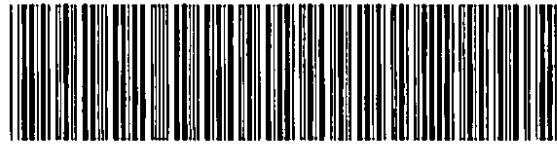
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURITY & STATE  
TALLAHASSEE FLORIDA

# *McDermott & Thacker, P.A.*

Attorneys at Law

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TELEPHONE (813) 684-3131 • FACSIMILE (813) 654-0052

MICHAEL J. McDERMOTT  
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RICKY L. THACKER  
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October 16, 2017

The Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Filing Articles of Organization  
STEREOSCAPES, LLC  
Our File No.: 17-0128

To Whom It May Concern:

Enclosed please find the following documents to file of record to create the noted limited liability company.

1. Articles of Organization;
2. Designation of Registered Agent/Office;
3. A Copy for Certification; and
4. A check in the amount of \$160.00 for following costs:
  - a. Filing Fee for Articles of Organization and  
Registered Agent Fee \$125.00
  - b. Certified copy \$ 30.00
  - c. Certificate of Status \$ 5.00

I have included a self addressed stamped envelope so that you can return a certified copy of the Articles of Organization once they have been filed.

Should you have any additional information, please do not hesitate to call.

Sincerely,

*Michael J. McDermott*

Michael J. McDermott, Esquire

*Dictated by Michael J. McDermott and mailed  
without his review to avoid further delay.*

MJM\jwj  
cc: Client  
Z:\2017\17-0128 Bert Stereosapes LLC\Secretary of State.doc

**ARTICLES OF ORGANIZATION**  
*for*

**STEREOSCAPES, LLC**  
**Florida Limited Liability Company**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is: STEREOSCAPES, LLC.

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 3458 Woodridge Pkwy, Palm Harbor, FL 34684

**ARTICLE III**  
**DURATION**

The period of duration for the Limited Liability Company shall be: perpetual.

**ARTICLE IV**  
**PURPOSE**

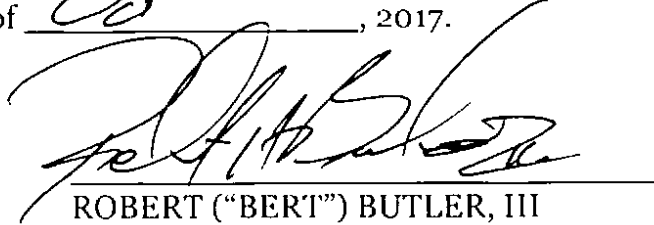
The purpose for the Limited Liability Company shall be: Any and all lawful business.

**ARTICLE V**  
**MANAGEMENT**

The Limited Liability Company is to be managed by a manager and the names and address of such manager who is to serve as manager is:

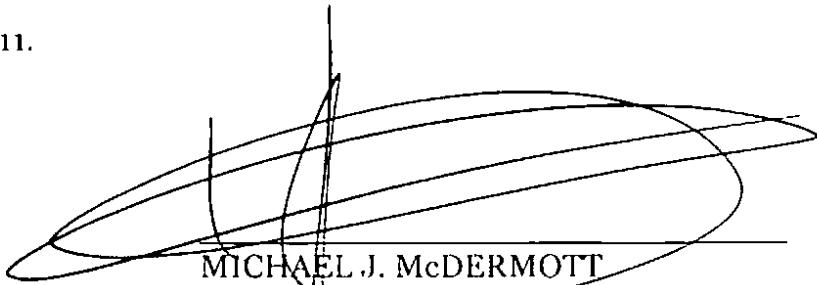
ROBERT ("BERT") H. BUTLER, III  
3458 Woodridge Pkwy  
Palm Harbor, FL 34684

IN WITNESS WHEREOF, the undersigned member(s) has/have executed these Articles of Organization this 16 day of Oct, 2017.

  
ROBERT ("BERT") BUTLER, III

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

THIS IS TO CERTIFY, I, MICHAEL J. McDERMOTT, do hereby acknowledge that I am familiar with and accept the duties, responsibilities and designation as Registered Agent for STEREOCAPES, LLC. Further, that the registered office of STEREOCAPES, LLC, shall be maintained at 791 W. Lumsden Road, Brandon, Hillsborough County, Florida 33511.

  
MICHAEL J. McDERMOTT  
As Registered Agent for  
STEREOCAPES, LLC

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA