

L18000253551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

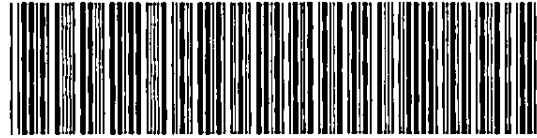
(Document Number)

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

Special Instructions to Filing Officer:

Spoke to Mark on 10/31/18  
wants name filed as listed

Office Use Only



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10/29/18--01036--011 \*\*130.00

FILED  
2018 OCT 29 AM 10:57  
SECRETARY OF STATE  
CALLAHAN/SEC. FI 0210

N CULLIGAN

OCT 31 2018

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

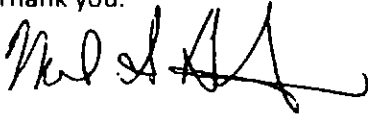
Oct. 25  
①  
~~Feb. 12, 2018~~

To Whom It May Concern:

Enclosed please find forms to form a Florida Limited Liability Company (articles of organization) along with a check for payment for the filing.

The desired name of the Limited Liability Corporation is:  
dbaSTRIFF, LLC.

Thank you.



Mark G. Striffler

2508 Clara Kee Blvd.  
Tallahassee, FL 32303

850-443-7175

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: dba STRIFF, 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:

Mark G. Striffler  
Name of Person

dba STRIFF, LLC  
Firm/Company

2508 Clara Kree Blvd  
Address

Tallahassee FL 32303  
City/State and Zip Code

dbastriff@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Striffler at 850 443-7175  
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 COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

dba STRIFF, LLC  
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2508 Clara Lee Blvd</u>	<u>Same</u>
<u>Tallahassee FL 32303</u>	

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:

<u>Mark G. Striffer</u>		
Name		
<u>2508 Clara Lee Blvd</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32303</u>
City	State	Zip

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TALLAHASSEE, FL 32309

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.

[Signature]  
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 Member

"MGR" = Manager

AMBR

**Name and Address:**

Mark Striffler

2508 Clara Lee Blvd

Tallahassee FL 32303

(Use attachment if necessary)

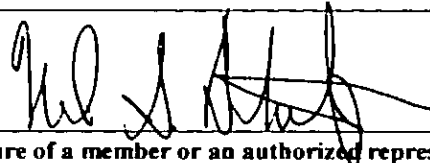
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**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.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (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.

Mark G. Striffler

Typed or printed name of signee

**Filing Fees:**

☒ \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

☒ \$ 30.00 Certified Copy (Optional)

☒ \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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