

1/10/2019

**C1960001077Z**  
Division of Corporations

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.

((H19000011869 3)))



H190000118693ABC2

**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 : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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

**FLORIDA LIMITED LIABILITY CO.  
JOSEPH STA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 JAN 11 AM 8:11

2019 JAN 11 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

Electronic Filing Menu

Corporate Filing Menu

Help

((H19000011869 3)))

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME OF LIMITED LIABILITY COMPANY**

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

JOSEPH STA, LLC

**ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

8201 RHANBUOY ROAD  
SPRING HILL, FLORIDA 34606

**FILED**  
2019 JAN 11 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE III - REGISTERED AGENT AND OFFICE**

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

ANTHONY DOROSKI  
8201 RHANBUOY ROAD  
SPRING HILL, FLORIDA 34606

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, FLORIDA STATUTES.

DATED: 1/9/2019

  
ANTHONY DOROSKI

((H19000011869 3)))

((H19000011869 3))

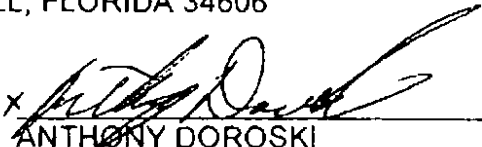
ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS: ANTHONY DOROSKI  
8201 RHANBUOY ROAD  
SPRING HILL, FLORIDA 34606

SILVIA STAMATOV  
8201 RHANBUOY ROAD  
SPRING HILL, FLORIDA 34606

DATED: 1/7/2019

x   
ANTHONY DOROSKI

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

((H19000011869 3))