

# L19000204738

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

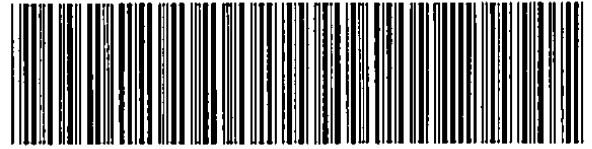
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**AUG 15 2019**



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**WALK IN**

**PICK UP:** 08/15/2019

☐ **CERTIFIED COPY**

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☐ **CUS**

**xx** **FILING** LLC

1. STC-COVEN, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ARTICLES OF ORGANIZATION

OF

### STC - COVEN, LLC

The Member who desires to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, by and through its authorized representative, does hereby adopt the following Articles of Organization and certifies:

#### ARTICLE I: NAME

The name of the limited liability company is STC - COVEN, LLC (the "Limited Liability Company").

#### ARTICLE II: ADDRESSES

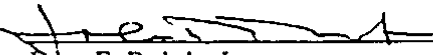
The mailing address of the Limited Liability Company is 6850 Central Avenue, Suite B, St. Petersburg, FL 33707. The street address of the principal office of the Limited Liability Company is 6850 Central Avenue, Suite B, St. Petersburg, FL 33707.

#### ARTICLE III: REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent are:

John F. Ralph, Jr.  
6850 Central Avenue  
Suite B  
St. Petersburg, FL 33707

*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.*

  
John F. Ralph, Jr.  
Signature of Registered Agent  
Accepting the Appointment

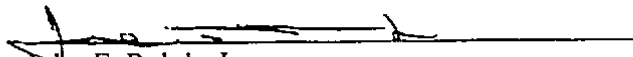
#### **ARTICLE IV: MANAGEMENT**

The Limited Liability Company is a manager-managed limited liability company. The name and address of the Manager of the Limited Liability Company as of its date of organization is as follows:

John F. Ralph, Jr.  
6850 Central Avenue  
Suite B  
St. Petersburg, FL 33707

**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act on August 4<sup>th</sup>, 2019.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this statement 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 Section 817.155, Florida Statutes.)

  
John F. Ralph, Jr.  
Signature of Authorized Representative  
Executing the Articles of Organization