(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:
Special instructions to runing Officer.





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COVER LETTER

	ng Section of Corporations			
ZAł SUBJECT:	IIA STACY LLC			
SUBJECT:	Name of Lim	ited Liability Company	_	
The enclosed Arti	cles of Organization and fee(s) are	submitted for filing.		
Please return all c	orrespondence concerning this mat	ter to the following:		
Zakia	Stacy			
		Name of Person		
ZAKI	A STACY LLC			
		Firm/Company		
313 S	Salisbury Ave			
		Address		
Delan	d. FL 32720		는 67 나마 나마	
zakiast	Ci scy@ymail.com	ty/State and Zip Code	SEP -	-\
		or future annual report notification)	w b	
For further information	ion concerning this matter, please	call:	. I	(
Zakia	Stacy at (386) 848-6542	8: 0 5	
		ea Code Daytime Telephone Number	_	
Enclosed is a chec	k for the following amount:			
□\$125.00 Filing	Fee IV \$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	00 Filing Fee. ate of Status & I Copy I copy is enclosed))
	Mailing Address New Filing Section Division of Corporations 2.O. Box 6327 Fallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Montoe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus RTICLE II - Address:	st conatin the words "Limited Liab		
RTICLE II - Addrose-	a committee words Tammed Eddo	ility Company, "L.1	L.C.," or "LLC,")
	treet address of the principal office	e of the Limited Lia	bility Company is:
<u>P</u> 1	rincipal Office Address:		Mailing Address:
313 S. Salisbur	rv Ave	313 S. S	Salisbury Ave
Deland, FL 32	720	Deland,	FL 32720
The Limited Liability Contother business entity wi	ed Agent, Registered Office, & R impany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age	gistered Agent, You	
The Limited Liability Connother business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Zakia Stacv	gistered Agent, You	
The Limited Liability Cor nother business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Zakia Stacv	gistered Agent, You	
The Limited Liability Cor nother business entity wi	mpany cannot serve as its own Reg (th an active Florida registration.) street address of the registered age Zakia Stacv Na	istered Agent, You ent are:	must designate an individual or
The Limited Liability Cor nother business entity wi	mpany cannot serve as its own Regith an active Florida registration.) street address of the registered age Zakia Stacv Na 313 S. Salisbury Ave	istered Agent, You ent are:	must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

. . . .

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member	·	
"MGR" = Manager		
MGR	Zakia Stacy	-
	313 S. Salisbury Ave Deland, Fl., 32720	-
	12CHARL 1 15 (2-120)	_
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(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing:	i dave a
CLE V: Effective date, if other than effective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 bes not meet the applicable statutory filing requirements, this date will	t be list
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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)