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DATE:

1/21/2021

NAME:

STANCIL HOLDINGS LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Charle Hodge

COVER LETTER

TO:	New Filing Section of Cor				
(10.00.00	Stancil Hol	dings LLC			
SUIJI	ECT:	Name of I	Limited Liabi	ility Company	
The en	aclased Articles of	Organization and fee(s)	are submitte	ed for filing	
		ondence concerning this		_	
1 icase	return an correspe	mence concerning and	timited to the	ionowing.	
	Katie Stanci	l			
			Name o	of Person	-
			Firm/C	отралу	
	1415 50th C	т			
		<u> </u>	Add	iress	
	Vero Beach.	FL 32966			
			City/State a	and Zip Code	
	hkstancil@gr	nail.com E-mail address: (to be u	and for future	annual report notificati	ion)
				annual report nouncari	iou)
For furt	her information co	ncerning this matter, ple	:ase call:		
	Katic Stancil		772	538-2566	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclos	sed is a check for t	he following amount:			
□\$ 12	25.00 Filing Fee	☐\$130.00 Filing Fee Certificate of Status	Certi	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		Street Address	
	New F	iling Section		New Filing Section D	
		on of Corporations lox 6327		The Centre of Tallah 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	

FEED

2021 JAN 21 PH 12: 39

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE I - Name:
The name of the Limited Liability Company is:

Stancil Holdings Ll (Must cor	tain the words "Limited Lis	ability Company, "I	IC.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offi	ice of the Limited L	iability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1415 50th CT.		1415.5	50th CT
Vero Beach, FL 32	966	Vero I	Beach, FL 32966
The Limited Liability Compar nother business entity with a	ny cannot serve as its own R active Florida registration.	legistered Agent. Yo	's Signature: ou must designate an individual or
ARTICLE III - Registered A The Limited Liability Companion other business entity with an	ny cannot serve as its own R nactive Florida registration. et address of the registered a	legistered Agent. Yo	's Signature: ou must designate an individual or
The Limited Liability Compar nother business entity with a	ny cannot serve as its own R a active Florida registration. at address of the registered a Hans Stancil	legistered Agent. Yo	's Signature: ou must designate an individual or
The Limited Liability Compar nother business entity with a	ny cannot serve as its own R a active Florida registration. at address of the registered a Hans Stancil	legistered Agent. Yo	's Signature: ou must designate an individual or
The Limited Liability Compar nother business entity with a	ny cannot serve as its own R a active Florida registration. at address of the registered a Hans Stancil	legistered Agent. Yo) igent are: Name	ou must designate an individual or
The Limited Liability Compar nother business entity with a	ny cannot serve as its own R a active Florida registration. at address of the registered a Hans Stancil 1415 50th CT.	legistered Agent. Yo) igent are: Name	ou must designate an individual or

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager		
MGR	Hans Stancil 1415 50th CT. Vero Beach, FJ. 32966	
		ç.
		TALL
		生の名
(Use attachment if necessary)		r
•	te of filing: 1/25/2021 (OPTIONAL)	
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not	the of filing: 1/25/2021 (OPTIONAL) specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not not of State's records.	
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or t meet the applicable statutory filing requirements, this date will not	
CLE V: Effective date, if other than the date effective date is listed, the date must be steed filing.) If the date inserted in this block does not current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or t meet the applicable statutory filing requirements, this date will not	
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not current's effective date on the Department of the University of the date inserted in this block does not current's effective date on the Department of the University o	specific and cannot be more than five business days prior to or 90 or t meet the applicable statutory filing requirements, this date will not	
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not current's effective date on the Department of the University of the date inserted in this block does not current's effective date on the Department of the University o	meet the applicable statutory filing requirements, this date will not at of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State	

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)