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	COVER LETTER Zizz
TO:	New Filing Section Division of Corporations STX Renovations LLC.
SUBJE	STX Renovations LLC.
NOBSE.	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Miguel Melendez
	Name of Person
	STX Renovations LLC.
	Firm/Company
	1816 Whipple Drive
	Address
	Deltona FL. 32738
	City/State and Zip Code miguelmelendezjr@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Miguel Melendez 407 416 3756
	Name of Person Area Code Daytime Telephone Number
_	ed is a check for the following amount:
U \$125	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:			
STX Renovations LI	.C			
(Must cont	ain the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the pri ncipa	I office of the Limi	ed Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address	<u>ş</u> :
1816 Whipple Drive		1	816 WhippleDrive	
Deltona, FL. 32738			eltona, FL, 32738	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registra	tion.)	n. You must designate an indiv	idual or
		Name		
	1816 Whipple Dri	ve		
		ress (P.O. Box <u>NO</u>	[acceptable]	
	Deltona	FL	32738	
	City	State	Zip	
laving been named as registered place designated in this certificate further agree to comply with the pum familiar with and accept the or	r. I hereby accept the a rovisions of all statute bligations of my position	ppointment as regi. s relating to the pro	nered agent and agree to act in per and complete performance on as provided for in Chapter 6	this capacity. 1 of my duties, and
		(CONTINUE	D)	

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Miguel Melendez
NOR	1816 Whimle Drive
	Deltona FL, 32738
V: Effective date, if other than the da	ate of filing:
ctive date is listed, the date must be filing.)	specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be more than five business days prior to or 90 of the specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specifica
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