

L210 60347690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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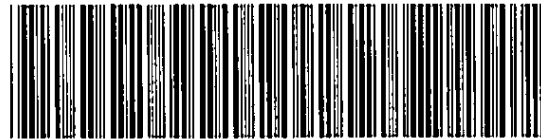
(Business Entity Name)

(Document Number)

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21 JUL 26 PM 12:43
SOCIETY OF STATE
FALL ALABAMA, FLORIDA

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AUG 02 2021

TRANSMITTAL LETTER

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: STILES ENTERPRISES, LLC

Enclosed are the articles incorporation and a check for: STILES ENTERPRISES, LLC

\$ 100.00	filing fee for articles of organization.
<u>25.00</u>	designation of registered agent.
\$ 125.00	total

Kevin M. Stiles
2150 Jameson Avenue,
North Port, FL 34286
stilesk89@gmail.com

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21 JUL 26 PM 12:43
STILES ENTERPRISES, LLC
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
STILES ENTERPRISES, LLC

The undersigned registered agent, for the purpose of forming a limited liability company under Chapter 605, F.S., adopts the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company is:

Stiles Enterprises, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this limited liability company is:

2150 Jameson Avenue,
North Port, FL 34286

ARTICLE III

REGISTERED AGENT AND STREET ADDRESS

The name of the and address registered agent is:

Kevin M. Stiles, of
2150 Jameson Avenue,
North Port, FL 34286

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 related 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.



Kevin M. Stiles
Registered Agent

7/15/24

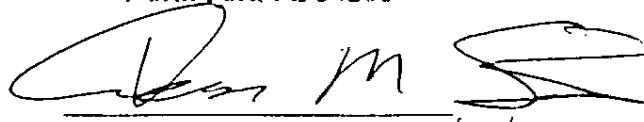
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FALL MASSEE, FLORIDA

ARTICLE IV

MANAGER MEMBERS

The name and address of the person authorized to manage and control the limited liability company is:

Kevin M. Stiles, AMBR/MGR
2150 Jameson Avenue,
North Port, FL 34286


Kevin M. Stiles 7/15/21
Authorized Member Manager

(In accordance with section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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21 JUL 26 PM 12:43
CLERK OF DISTRICT
CLERK OF DISTRICT
TALLAHASSEE, FLORIDA