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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 184662803400
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JCHOVINARD@FTMYERSCPA.COM

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JCH
11/23/21

**FLORIDA LIMITED LIABILITY CO.
STIG SYSTEMS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – STIG SYSTEMS LLC

The name of the Limited Liability Company is:

ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

15641 SONOMA DRIVE #206
FORT MYERS, FL 33908

ARTICLE III –

Registered Agent, Registered Office & Registered Agents Signature

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

RICHARD S. STIG

Name

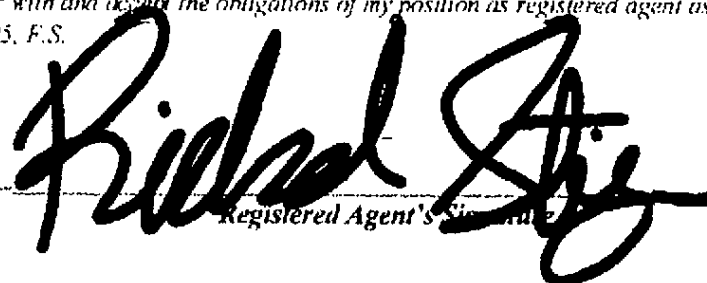
15641 SONOMA DRIVE #206

(P.O. Box or Mail Drop Box NOT acceptable)

FORT MYERS, FL 33908

(City/State/Zip)

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

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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

"MGMR" = Managing Member

MGMR

RICHARD S STIG
15641 SONOMA DRIVE #206
Fort Myers, FL 33908

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ARTICLE V -

Effective date, if other than the date of filing: **JANUARY 1, 2022.**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE

Richard Stig

Signature of a member or authorized representative of a member

(In accordance with section 605.0203(1)(B), Florida Statutes, the execution of this document 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 s.817.155, F. S.)

RICHARD S STIG, MGMR

Typed or printed name of signee

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