Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000225762 3)))



H220002257623ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA

Account Number : I19980000066 Phone : (813)258-1177 Fax Number : (813)259-1106

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_ibeattie@hendeelaw.com

22 JUH 30 PM 4: 58

# FLORIDA LIMITED LIABILITY CO.

## STB Funding, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000225762 3)))

#### ARTICLES OF ORGANIZATION OF

#### STB FUNDING, LLC

### **ARTICLE I-Name**

The name of the limited liability company shall be STB Funding, LLC.

#### ARTICLE II-Address

The street address and the mailing address of the principal office of the limited liability company is:

Street address:	Mailing Address:
1700 South MacDill Avenue	1700 South MacDill Avenue
Suite 220	Suite 220
Tampa Florida 33629	Tampa Florida 33629

#### ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is:

Hendee, McKernan, Schroeder, Wilkerson & Hendee, P.A.

1700 South MacDill Avenue
Suite 200
Tampa, Florida 33629

ARTICLE IV-Management

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

Lynda B. White, Manager

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 30th day of June, 2022.

Signature of authorized representative of a member

In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

(((H22000225762 3)))

(((H22000225762 3)))

#### REGISTERED AGENT

## **ACCEPTANCE OF DESIGNATION**

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

#### REGISTERED AGENT:

Hendee, McKernan, Schroeder, Wilkerson &

Hendee, P.A.

Name: Matthew R. Schroeder

Title: Vice President

1700 South MacDill Avenue

Suite 200

Tampa, Florida 33629