

L22000357531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

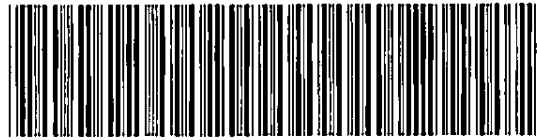
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
AUG 16 2022

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2022 AUG 16 PM 2:23
ALLIANCE

22 AUG 16 AM 10:19
STATE OF FLORIDA
SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STAJ, LLC

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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TALLAHASSEE, FLORIDA
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CLERK OF SUPERIOR COURT

Signature _____

Requested by: SN _____

08/16/22 _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: STAJ, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA A JEFFERY

Name of Person

STAJ, LLC

Firm/Company

6503 NORTH MILITARY TRAIL SUITE #4200

Address

BOCA RATON FLORIDA 33496

City/State and Zip Code

BOBBYSUNSHINESTATE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

22 AUG 16 AM 10: 20
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROBERT C CLARK 561 866-9005

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & 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 LIABILITY COMPANY

FILE COPY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STAJ, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6503 NORTH MILITARY TRAIL #4200
BOCA RATON FLORIDA 33496

6503 NORTH MILITARY TRAIL #4200
BOCA RATON FLORIDA 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SANDRA A JEFFERY

Name

6503 NORTH MILITARY TRAIL #4200

Florida street address (P.O. Box **NOT** acceptable)

<u>BOCA RATON</u>	<u>FLORIDA</u>	<u>33496</u>
City	State	Zip

22 AUG 16 AM 10:20

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES

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.

(X) Sandra A. Jeffery
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILE COPY

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

SANDRA A JEFFERY
6503 NORTH MILITARY TRAIL #4200
BOCA RATON FLORIDA 33496

22 AUG 16 AM 10:29

FILED
DEPARTMENT OF STATE
STATE OF FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

REQUIRED SIGNATURE:

(X) Sandra A Jeffery

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

SANDRA A JEFFERY

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)