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	(Requestor's Name)
	(Address)
	(Address)
'	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

office Use Only F. SCOTT AUG 23 2022



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Steele Steaming Service, 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:
Bronter Steele Name of Person
Firm/Company
III Linwood Drive
Tallahassee, FL 32304 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bruter Steele at (479) 285-9505 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 Filing Fee, Certificate of Status & □S160.00 Filing Fee, 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 \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R'	ľ	C	L	E	ľ	-	N	3	me	:
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The name of the Limited Liability Company is:

Steele Steaming Services, 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:
III Linwood Drive	Ille Ciousad Drive

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:

Bootez Stecle

Name

HII Linwood Drive

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

Tallahescee T-Z 32204

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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..

(CONTINUED)

TILED

MINE 23 MID: 40

OFFICER PELONIONS

OFFICER

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Wanager	Brontez Sterle
	1111 (1000) 20 V3
10.04	
AMBK"	Finher Rushing
. ,	1011 Charles Office 121 32314
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL) 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 the document's effective date on the Department	t meet the applicable statutory filing requirements, this date will not be listed as
	R of State 3 (cords).
ARTICLE VI: Other provisions, if any.	
	70.
REQUIRED SIGNATURE:	
7	
Signature of a	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a This document is exe	cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ilse information submitted in a document to the Department of State
Signature of a Fhis document is exe I am aware that any fa constitutes a third deg	cuted in accordance with section 605,0203 (1) (b), Florida Statutes.

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)

ARTICLE IV-