



H220003475933ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944  **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.  Email Address:			2022 OCT     AM	
84:4	FLORIDA LIMITED L	IABILITY CO.	VIDEO DRATIONS LORIDA	8: Ļn	7
H	17330 STEPPI	NG STONE	ددر		
	Certificate of Status	1			
}-	Certified Copy	0			
S	Page Count	03		.*.	
<b>2022</b> OC.T	Estimated Charge	\$130.00	T. SCOTT,		
			OCT 1 2 2022		

Electronic Filing Menu

Corporate Filing Menu

Help

₽

### ARTICLE I - Name:

3052201440

The name of the Limited Liability Company is: (Must end with the words Limited Liability Company, LLC or LLC.

17330 Stepping Stone LLC

## ARTICLE II - Address:

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

9825 Blackwood Circle, #102 Ft Myers, FL 33967

## ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Limbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Cherie Lynn Wolfe 9825 Blackwood Circle #102 Ft Myers, FL 33967

#### ARTICLE IV-

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

MGR

Cherie Lynn Wolfe

This Limited Liability Company is Manager-Managed, and the authority of the Manager to bind this Limited Liability Company is limited as provided in its Operating Agreement.

The Limited Liability Company appoints Cherie Lynn Wolfe, as Manager

# Required Signatures:

3052201440

Signature of a member or an 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.

Nerie L Wolfe
Typed or printed name of signee

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 (REQUIRED)