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Division of Corporations

Florida Department of State
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To:

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Fax Number : (850)617-6381

*** ATTN: GENESIS R KERSEY ***

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516)935-3940

Fax Number : (516)935-3088

**RESUBMIT--
AGENT HAS SIGNED.
THANK YOU!**

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

Email Address: AJSTAVOLE71@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.
Stavole Industries LLC**

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

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December 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: STAVOLE INDUSTRIES LLC
REF: W22000149609

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H22000408673
Letter Number: 422A00026998

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FAXED
12/6/2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Stavole Industries LLC

(Must end with 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:16706 Magnolia Reserve Place
Wimauma, FL 33598**Mailing Address:**16706 Magnolia Reserve Place
Wimauma, FL 33598**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:

AJ Stavole

Name

16706 Magnolia Reserve PlaceFlorida street address (P.O. Box **NOT** acceptable)Wimauma

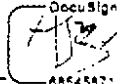
City

FL 33598

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..

DocuSigned by:



Registered Agent's Signature (REQUIRED)

AJ Stavole

(CONTINUED)

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FALLAHOUSE, FL 33598

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRAMBR**Name and Address:**AJ Stavole16706 Magnolia Reserve PlaceWimauma, FL 33598Julianne Stavole16706 Magnolia Reserve PlaceWimauma, FL 33598

(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:



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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.)

AJ Stavole

Typed or printed name of signer

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