

L230000203466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

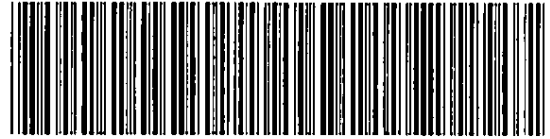
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200405819002

S. CHATHAM  
APR 25 2023

04/25/23 01:00:01 \$150.00

FILED

2023 APR 25 AM 10:01

CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

RECEIVED

2023 APR 25 AM 9:48



CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Sammy Stewart 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:

Sammy Stewart  
Name of Person

Sammy Stewart LLC  
Firm/Company

208 Craig Dr.  
Address

Tallahassee FL 32310  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sammy Stewart at ( 850 ) 666 2479  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sammy Stewart 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:

Sammy Stewart  
208 Craig Dr  
Tallahassee FL 32310

STMR

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:

Sammy Stewart  
Name  
208 Craig Dr Tall  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32310  
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, 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..

Sammy Stewart  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 APR 25 AM 10:01

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

AMBK

Sammy Steward

200 Craig Dr.  
Tallahassee FL 32310

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2023 APR 25 AM 10:01  
300  
HILLTOP  
TUB

ARTICLE V: Effective date, if other than the date of filing: 9-23-23. (OPTIONAL)

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

SIGNATURE: Danny Street

Sammy Stewart  
Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**