

L23000431752

\_\_\_\_\_  
(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



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08/18/23--01013--010 \*\*155.00

2022 AUG 18 AM 1:36

ma

**COVER LETTER**

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

**SUBJECT:** Stephanie Ham, 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:

Stephanie Ham  
Name of Person

Stephanie Ham, LLC  
Firm/Company

13225 Steinhatchee Loop  
Address

Venice, FL 34293  
City/State and Zip Code

stephanieham0519@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Ham      941      6611462  
Name of Person      at (      )      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

2021.10.13 1:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephanie Ham, 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:

13225 Steinhatchee Loop

Venice, FL 34293

13225 Steinhatchee Loop

Venice, FL 34293

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:

Stephanie Ham

Name

13225 Steinhatchee Loop

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

Venice

FL

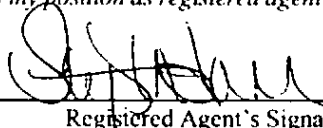
34293

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JUL 16 1:37

**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:**

MGR

Jack Ham

13225 Steinhatchee Loon, Venice, FL 34293

AMBR

Melinda Tam

12811 Killarney Ct.

Odessa, FL 33556

(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.

**REQUIRED SIGNATURE:**

**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.

Stephanie Ham

Jack Ham  
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)

2022 JUL 18 AM 1:37

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Firm/Company

13225 Steinhatchee Loop

Address

Venice, FL 34293

City/State and Zip Code

stephanicham0519@gmail.com

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

For further information concerning this matter, please call:

Stephanie Ham                      941                      661 1462  
\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

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Certificate of Status                      ☒ \$155.00 Filing Fee &  
Certified Copy                      ☐ \$160.00 Filing Fee,  
(additional copy is enclosed)                      Certificate of Status &  
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The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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2022 JUL 18 AM 11:37  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-18-2022 BY 60322

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Venice, FL 34293

Mailing Address:

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Venice, FL 34293

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Name

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

Venice

FL

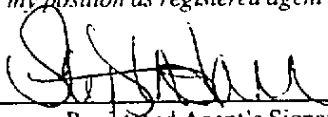
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

**Name and Address:**

"MGR" = Manager

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Melinda Tam  
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Odessa, FL 33556

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~~Stephanie Ham~~

Jack Ham  
Typed or printed name of signee

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

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FALL 2022