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| (Requestor's Name)                      |          |
|---|----------|
| (Address)                               |          |
| (Address)                               |          |
| (0) 10 17 10 1                          |          |
| (City/State/Zip/Phone #                 | )        |
| PICK-UP WAIT                            | MAIL     |
| (Business Entity Name)                  | )        |
| (Document Number)                       |          |
| Certified Copies Certificates of        | f Status |
| Special Instructions to Filing Officer: |          |
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|   |          |

Office Use Only



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# COVER LETTER

| TO:        | New Filing Section Division of Corporations   |
|------------|---|
| SUBJE      | Stephanie Ham, LLC  |
| SOBJE      | Name of Limited Liability Company   |
| The end    | closed Articles of Organization and fee(s) are submitted for tiling.  |
| Please r   | return all correspondence concerning this matter to the following:  |
|            | Stephanie Ham   |
|            | Name of Person  |
|            | Stephanie Ham, LLC  |
|            | Firm/Company  |
|            | 13225 Steinhatchee Loop   |
|            | Address   |
|            | Venice, F1, 34293   |
|            | City/State and Zip Code stephanieham0519@gmail.com  |
|            | E-mail address: (to be used for future annual report notification)  |
| For furthe | er information concerning this matter, please call;   |
|            | Stephanie Ham 941 6611462   |
|            | Name of Person Area Code Daytime Telephone Number   |
| Enclose    | d is a check for the following amount:  |
|            | .00 Filing Fee Scrifficate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)    Status   Status   Certified Copy (additional copy is enclosed)   Certified Copy (additional copy is enclosed) |
|            | Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionOutline of CorporationsDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303 |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Stephanie Ham, LLC. (Must contain                           |   |                                   |                       |
|---|---|-----------------------------------|-----------------------|
|   | n the words "Limited                          | Liability Company,                | "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:<br>The mailing address and street add | ress of the principal o                       | ffice of the Limited              | Liability Company is: |
| <u>Principal</u>  | Office Address:                               |                                   | Mailing Address:      |
| 13225 Steinhatchee Lo                                       | ор  | 1322                              | 5 Steinhatchee Loop   |
| Venice, FL 34293  |   | Veni                              | ce, FL 34293          |
|   |   | Name                              |                       |
|   | 13225 Steinhatchee L                          |                                   |                       |
|   | 13225 Steinhatchee L<br>Florida street addres | LOOP                              | eceptable)            |
|   | <del></del>                                   | LOOP                              | cceptable) 34293      |
|   | Florida street address                        | coop<br>s (P.O. Box <u>NOT</u> ac | •                     |

(CONTINUED)

# ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager   |  |
|--|--|
|  |  |
| MGR  | Jack Ham   |
| MOR  | 13225 Steinhatchee Loon, Venice, FL 34293  |
|  |  |
|  |  |
| AMBR   | Melinda Tam  |
|  | 12811 Killarnev Ct.<br>Odessa, FL 33556  |
|  |  |
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| (Use attachment if necessary)  |  |
| the date inserted in this block does not   | meet the applicable statutory filing requirements, this date will no   |
| ment's effective date on the Departmen   |  |
| ment's effective date on the Departmen  E VI: Other provisions, if any.  |  |
| ment's effective date on the Departmen  E VI: Other provisions, if any.  |  |
| ment's effective date on the Departmen   |  |
| ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:   | nt of State's records.   |
| REOUIRED SIGNATURE:  Signature of a in This document is executed a management of a management and a manageme |  |
| REOUIRED SIGNATURE:  Signature of a in This document is executed a management of a management and a manageme | nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State  |
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| REOUIRED SIGNATURE:  Signature of a m  This document is exect 1 am aware that any fals constitutes a third degree.  Stephanie Ham  | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:   |
| REOURED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree of a third degree of a multiple of the second of the seco | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent |
| REOUIRED SIGNATURE:  Signature of a m This document is exect 1 am aware that any fals constitutes a third degree Stephanie Ham  \$125.00 Filing Fee for Articles of O  | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent |
| REOURED SIGNATURE:  Signature of a m This document is exect 1 am aware that any false constitutes a third degree of a third degree of a multiple of the second of the seco | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent |
| Signature of an This document is exect I am aware that any false constitutes a third degree Stephanie Ham  \$125.00 Filing Fee for Articles of O. \$ 30.00 Certified Copy (Optional)   | nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent |

# COVER LETTER

| TO:         | New Filing S<br>Division of C |   |              |           |  |  |                     |                  |
|-------------|-------------------------------|---|--------------|-----------|--|--|---------------------|------------------|
| SUBJEC      |                               | e Ham, LLC  |              |           |  |  |                     |                  |
| SOBSEC      | -1·                           | Name  | of Limited   | Liabilit  | y Company  |  | _                   |                  |
| The encl    | osed Articles (               | of Organization and fed                               | e(s) are sub | mitted (  | or filing.   |  |                     |                  |
| Please re   | turn all corres               | pondence concerning t                                 | his matter t | o the fo  | llowing:   |  |                     |                  |
|             | Stephanie I                   | -lam  |              |           |  |  |                     |                  |
|             | •                             |   | Na           | ime of I  | Person   |  |                     |                  |
| •           | Stephanie I                   | Ham, LLC  |              |           |  |  |                     |                  |
|             | · · ·                         | ······································                | Fi           | rm/Con    | прапу  |  |                     |                  |
|             | 13225 Steir                   | nhatchee Loop   |              |           |  |  |                     |                  |
|             | •                             |   |              | Addre     | as   |  |                     |                  |
|             | Venice, FL                    | 34293   |              |           |  |  |                     |                  |
|             |                               | -0510@:1  | City/St      | ate and   | Zip Code   | ,  |                     |                  |
|             | stepnanienan                  | n0519@gmail.com<br>E-mail address: (to be             | used for fu  | uture an  | nual report notifica   | tion)  |                     |                  |
| For further | information co                | oncerning this matter,                                |              |           | •  | ,  |                     |                  |
|             | Stephanie H                   |   | 941<br>at (  | ,         | 6611462  |  |                     |                  |
|             | Nan                           | ne of Person  | Area Co      | ode       | Daytime Telepho  | ne Number  | _                   |                  |
| Enclosed    | is a check for                | the following amount:                                 |              |           |  |  |                     |                  |
| □\$125.0    | 0 Filing Fee                  | □\$130.00 Filing F<br>Certificate of State            | s E          | Certified | 00 Filing Fee & Copy copy is enclosed)   | □\$160.00<br>Certificate<br>Certified (<br>(additional c | e of Status<br>Copy | &                |
|             | New F<br>Divisi               | ng Address Filing Section on of Corporations Box 6327 |              | N<br>T    | ereet Address<br>ew Filing Section E<br>the Centre of Tallah<br>115 N. Monroe Stre | iassee   | 200                 | 202 <b>2</b> AL. |
|             | Tallah                        | assee, FL 32314                                       |              | Т         | allahassee, FL 3230  | )3   | <b>-</b> :          | 8                |
|             |                               |   |              |           |  |  |                     | ₹:               |
|             |                               |   |              |           |  |  | 2                   | <del></del>      |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| TICLE II - Address:<br>mailing address and stre | contain the words "Limited I   |   | L.L.C.," or "LLC.")                                  |
|---|--|---|--|
| mailing address and stre                        | eet address of the principal of  |   |  |
| Deric   |  | fice of the Limited L                   | Liability Company is:                                |
| 1111  | ncipal Office Address:   |   | Mailing Address:                                     |
| 13225 Steinhatch                                | hee Loop   | 13225                                   | Steinhatchee Loop                                    |
| Venice, FL 3429                                 |  | Venic                                   | e, FL 34293  |
| er business entity with                         | Agent, Registered Office, opany cannot serve as its own an active Florida registration are address of the registered Stephanic Ham | Registered Agent. Yon.)                 | t's Signature:<br>'ou must designate an individual ( |
| er business entity with                         | pany cannot serve as its own an active Florida registration are address of the registered  | Registered Agent. Yon.)                 | t's Signature:<br>'ou must designate an individual o |
| er business entity with                         | pany cannot serve as its own an active Florida registration are address of the registered  | Registered Agent. Yon.) agent are: Name | t's Signature: 'ou must designate an individual o    |
| er business entity with                         | pany cannot serve as its own an active Florida registration treet address of the registered Stephanic Ham                          | Registered Agent. Yon.) agent are: Name | 'ou must designate an individual o                   |
| er business entity with                         | pany cannot serve as its own an active Florida registratio treet address of the registered  Stephanie Ham  13225 Steinhatchee L    | Registered Agent. Yon.) agent are: Name | 'ou must designate an individual o                   |

(CONTINUED)

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

| Title:   | Name and Address:  |                                    |
|--|--|------------------------------------|
| "AMBR" = Authorized Memb<br>"MGR" = Manager  | er   |                                    |
| MGR  | Jack Ham   |                                    |
| MOK  | 13225 Steinhatchee Loon, Venice, FL 34293  |                                    |
|  |  |                                    |
| AMBR   | Melinda Tam<br>12811 Killarnev Ct.   |                                    |
| <del></del> _  | 12811 Killarnev Ct.<br>Odessa. FL 33556  |                                    |
|  | Odessa, PL 35350   |                                    |
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| (Use attachment if necessary)  |  |                                    |
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| EV: Effective date, if other the   | an the date of filing: (OPTIC must be specific and cannot be more than five business days pr   | MAL)                               |
| of filing.) the date inserted in this block  | does not meet the applicable statutory filing requirements, this   | date will not                      |
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| of filing.) the date inserted in this block ment's effective date on the D E VI: Other provisions, if any.   | repartment of State's records.   |                                    |
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| of filing.) The date inserted in this block ment's effective date on the D E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature  | are of a member or an authorized representative of a member or is executed in accordance with section 605.0203 (1) (b), Flori  | r.<br>da Statutes.                 |
| of filing.) The date inserted in this block ment's effective date on the D E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature the support of the | are of a member or an authorized representative of a member or is executed in accordance with section 605.0203 (1) (b), Floring at any false information submitted in a document to the Department of the Departme | r.<br>da Statutes.                 |
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