

L23000440 257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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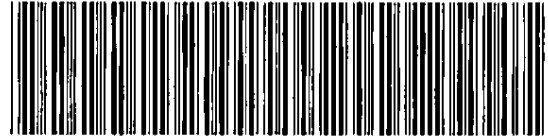
(Business Entity Name)

(Document Number)

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**COVER LETTER**

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

**SUBJECT:** STEPHEN ANGLIM ART, 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:

MARK D. MCWILLIAMS, ESQ.

\_\_\_\_\_  
Name of Person

KALEHL & ASSOCIATES

\_\_\_\_\_  
Firm/Company

54 NE 4TH AVE

\_\_\_\_\_  
Address

DELRAY BEACH, FLORIDA 33483

\_\_\_\_\_  
City/State and Zip Code

mmcwilliams@kmkpa.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

561 279-4201  
at (\_\_\_\_\_) \_\_\_\_\_  
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

10:22  
STEP

**ARTICLES OF ORGANIZATION**  
**OF**  
**STEPHEN ANGLIM ART, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, desiring to form a limited liability company under the Law of Florida, Chapter 605 of the Florida Statutes, and as hereafter amended, hereby certifies:

**ARTICLE I – NAME**

The name of the limited liability Company shall be STEPHEN ANGLIM ART, LLC.

**ARTICLE II – PRINCIPAL OFFICE**

The place in Florida where the principal office of the limited liability Company is to be located is 209 Mainsail Circle, Jupiter, Florida 33477, located within Palm Beach County.

**ARTICLE III – PURPOSE**

The limited liability Company is organized and shall be operated exclusively for any and all lawful business purposes.

Solely for the above purposes, the limited liability Company is empowered to exercise all rights and powers as conferred by the laws of the State of Florida upon company, including, but without limitation thereon, the right and power to receive gifts, bequests, and contributions in any form and to use, apply, invest, and reinvest the principal and/or income therefrom or to distribute the same for the above purposes.

**ARTICLE IV – MANAGEMENT**

The limited liability Company shall be managed by one or more members. The following persons shall serve the Company as managers until otherwise provided for in the Operating Agreement:

NAME

ADDRESS

Stephen T. Anglim

209 Mainsail Circle  
Jupiter, Florida 33477

**ARTICLE V – TRANSFERABILITY OF MEMBERSHIP INTERESTS**

No member shall have the right to assign their membership interest in the company without the prior written consent of all membership interests, unless otherwise provided for in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit, or other similar item to which the assignor was entitled, to the extent assigned.

**ARTICLE VI – INITIAL REGISTERED AGENT**

The name and Florida address of the initial registered agent is:

Stephen T. Anglim

209 Mainsail Circle  
Jupiter, Florida 33477

*Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

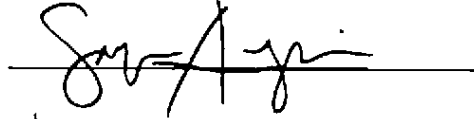
  
\_\_\_\_\_  
Stephen T. Anglim / Registered Agent

9/8/23  
Date

*This document is executed in accordance with Section 605.0203(1) (b), Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. F.S.*

Date: 9/8/23

Stephen T. Anglim, Member

A handwritten signature in black ink, appearing to read "S. Anglim", is written over a horizontal line.