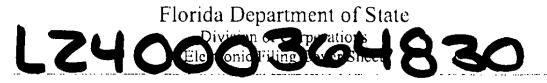
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Division of Corporations



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## FLORIDA LIMITED LIABILITY CO.

## Stuempel Solutions, L.L.C.

Certificate of Status	0
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## ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

## LIABILITY COMPANY <u>ARTIC</u>LE I NAME The name of the Limited Liability Company is: Stuempel Solutions, LLC PHYSICAL AND MAILING OFFICE ADDRESS The physical place of business and mailing address is: Physical and Mailing Address: 494 Orange Street Palm Harbor, Fl. 34683 Registered Agent, Registered Office & Registered Agent's Signature: The name and Florida Street address of the initial registered agent is: Jennifer A. Grove 494 Orange Street Palm Harbor, FL 34683 Having then named as registered agent and to accept service of process for the above stated limited liability company at the placed 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 diffles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S., ignature/Rugistered Agent ARTICLE IV Manager(s) The name, title and address of each person authorized to manage and control the Limited Liability Company: Jennifer A. Grove - Manager 494 Orange Street Palm Harbor, FL 34683

ARTICLE V FFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

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.)

Signalure/Incomorator/MGR.

8/21/24

Printed name of Signee