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8.22.24

Florida Department of State

L24000364830
Division of Corporations
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To: Division of Corporations
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Account Number : I20100000009
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FLORIDA LIMITED LIABILITY CO.

Stuempel Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Stuempel Solutions, LLC**

ARTICLE II 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

ARTICLE III 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 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..



Signature/Registered Agent

8/21/24

Date

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

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ARTICLE V EFFECTIVE 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.)



Signature/Incorporator/MGR.

8/21/24

Date

JENNIFER A. GROVE

Printed name of Signer