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LAZARUS CORPORATE FILING S	ERVICE, INC.		•
(Requestor's Name)			
3320 S.W. 87th AVENUE	<u> </u>		
(Address)	,	Enr	
MIAMI, FLORIDA (305)552 (City, State, Zip) (Ph		* *	0 002804166 -03/12/9901057015
	one #)		****337.50 ****337.5
LOCAL REPRESENTATIVE TALLA	HASSEE	OFFICE USE ONLY	
CORPORATION NAME(S) &	DOCUMENT NUMI	BER(S) (if known):	
1. STEFA PRO	OPERTIES	ZZC	SEG SEG
(oo.poiddon Hante)		(Document #)	
2. (Corporation Name)		15	
3.		(Document #)	
(Corporation Name)	<u> </u>	(Document #)	
4.		,	
(Corporation Name)		(Document #)	<u>\$mo</u>
Walk in Pick up time	2.00	Certified Cop	
Mail out Will wait	Photocopy	- Certificate of S	109-1428
	x notocopy	- Certificate of S	Name Name
<u></u>			Ava.(ability
NEW FILINGS	AMENDME	NTS	200000
Profit	Amendment		
NonProfit	Resignation of R.	A Officer/Director	(4)
X Limited Liability			r-d (r)
	Change of Register		Varilye
Domestication	Dissolution/Withdra	awai	Acknowledgement '
Other	Merger		W. R. Verliyer
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OTHER FILNGS	REGISTRATION		· · · · · · · · · · · · · · · · · · ·
Annual Report	QUALIFICATION		- 11th
Fictitious Name	Foreign	MOLTARUGROD TO E	10121vir
Name Reservation	Limited Partnership	CE: IIMA SI;	7å M 22
<u>,</u>	Reinstatement	£ : 11 44	, we to
	Trademark		3 UF

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEFA PROPERTIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5160 SW 82nd AVENUE

MIAMI, FL 33155

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

> NICOLA A. STASI 5160 SW 82nd AVENUE MIAMI, FL 33155

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	_		
STEFA PROPERTIES, LLC	ertifies:		
 the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is 	\$ <u>20,000</u> ;		
 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is 	\$_0 \$_20,000		
Signature of a member or an authorized representative of a mem	nher		
(In accordance with section 608.408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	f this		
Nicola A. Stasi Typed or printed name of signee	ILED 2 PH 5: 00 RY OF STATE STE, FLORIDA		

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:		* - 50	÷.
	STEFA PROPERTIES, LLC		· 'a	
2.	The name and the Florida street address of the registered agent are: NICOLA A. STASI	71		=
	NAME NAME SR N Florida street address (P. O. Box NOT ACCEPTABLE) NAME SR N Florida street address (P. O. Box NOT ACCEPTABLE)	LED	i i	-
	MIAMI, FL 33155 CITY, STATE AND ZIP			<u>*</u>

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.

Micola Stair
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent