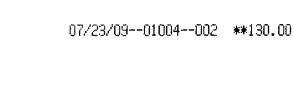
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FILED
2009 JUL 22 AM ID: 07
SECRETARY OF STATE

Office Use Only

W9-31556

M. THOMAS

JUL 2 3 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: STURGESS LLC. Name of Limited Liability Company	
The enc	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
_	Randolph Frazier Sturgess	
-	STURGESS LLC.	A B TI
_	8523 Peconic Dr.	NE 22
_	Orlando, Florida 32835 City/State and Zip Code Holmes 5818 @ Aol. Com E-mail address: (to be used for future annual report notification)	RIO: 97
For furth	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:	
Rano	dolph Frazier Sturgess at (467) 908-2436 Name of Person Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□\$ 125.0	00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin \text{\$\sin	Status & y
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	·



July 9, 2009

RANDOLPH FRAZIER STURGESS 8523 PECONIC DR. ORLANDO, FL 32835

SUBJECT: STURGESS LLC Ref. Number: W09000031550

We have received your document for STURGESS LLC and check(s) totaling \$100.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 509A00023481

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STURGESS L (Must end with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	西 宝
8523 Peconic Dr. Orlando, Fl. 32835	8523 Peconic Orlando, Fl. 32	C DC. FLORIDE D. O.
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent	's Signature:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kandolph Fra	ne ne	Sturgess
8523 Pecor Florida street address (P.	<u> </u>	OT acceptable)
Orlando City, State	FL , and Zip	<i>32835</i>

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Randolph Frazier Sturgess 8523 Peconic Dr.
	Orlando, FL. 32835
	TALLAR JUL
	AASSEE.
	STATE OF OF
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
00 days after the date of filing.) REQUIRED SIGNATURE:	
Raudaph Signature of a member	Frague Sturgess er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Randolph	Frazier Sturgess yped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)