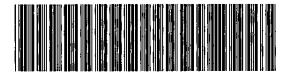
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2012 JAN 27 AM IN: 14 SECRETARY OF STATE

C. LEWIS

JAN 3 0 2012

EXAMINER

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Sure-Fit Measures, LL	С
	led Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Ralph W Arthur, III	Name of Person
	Name of Person
Sure-Fit Measures, LLC	
	Firm/Company
140 Riverwalk Drive	
	Address
North Port, Florida 34287	
Cit	ly/State and Zip Code
bill@sure-fitmeasures.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Ralph W Arthur, III	at (941) 468-1037
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
_	
\$125.00 Filing Fee \$\(\bigcup_\\\$130.00\) Filing Fee & Certificate of Status	Certified copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name	;
771	C .1		•

The name of the Limited Liability Company is:

Sure-Fit Measures, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
140 Riverwalk Drive	140 Riverwalk Drive
North Port, Florida 34287	North Port, Florida 34287

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:

Ralph W Arthur, III

Name

140 Riverwalk Drive

Florida street address (P.O. Box NOT acceptable)

North Port

FL 34287

City, State, and Zip

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)

FILED

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

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

2012 JAN 27 AM 图: 14

Title:
"MGR" = Manager
"MGRM" = Managing Member

MGR

Ralph W Arthur, III
140 Riverwalk Drive
North Port, Florida 34287

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 24, 2012</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Ralph W Arthur, III

Typed 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)