EAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Signature

Requested by:

Date

Time

Name

· · · · · · · · · · · · · · · · · · ·	7000044606179 -07/05/0101086017 ****125.00 *****125.00
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
_	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement $\frac{CC}{AR}$
	Cert. Copy ASS 5 FAR
<u></u>	Photo Copy
<u>·</u>	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search 8
	Fictitious Search 37 8
	Fictitious Owner Search
	Vehicle Search
	Driving Record P 200
	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval

ARTICLES OF ORGANIZATON FOR FLORDIA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S & T Asset Management, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3404 Calumet Drive, Orlando, Florida 32810

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

John C. Schrenker, Name 3404 Calumet Drive Florida street address (P.O. Box Not acceptable) Orlando, Florida 32810 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 the 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.

ARTICLE IV - Management (Check box if applicable.)

The limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Flordia Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

John C. Schrenker

Typed or printed name of signee

Filing fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)