

Requester's Name

Address

City/State/Zip

Phone #

L0200002129

800004764878--9
-01/10/02--01043--003
****160.00 ****160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SFTT, LLC (Corporation Name) _____ (Document #) _____

2. 1307 SE 36TH TER. (Corporation Name) _____ (Document #) _____

3. CAPE CORAL, FL 33904 (Corporation Name) _____ (Document #) _____

4. _____ (Corporation Name) _____ (Document #) _____

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Certificate of Status
- Photocopy

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 2002 JAN 29 AM 11:17
 FILED

sc

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 11, 2002

PATRICIA RUPERT
1307 SE 36TH TERR
CAPE CORAL, FL 33904

SUBJECT: SFTT, LLC
Ref. Number: W02000000993

We have received your document for SFTT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan
Document Specialist

Letter Number: 602A00001725

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SFTT, LLC

ARTICLE II - Address:

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

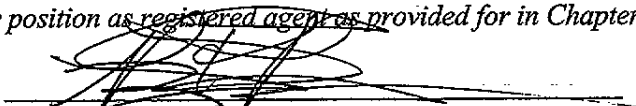
1307 SE 36TH TERRACE CAPE CORAL FL 33904

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

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

PATRICIA RUPERT
Name
1307 SE 36TH TERRACE
Florida street address (P.O. Box NOT acceptable)
CAPE CORAL FL 33904
City, State, and Zip

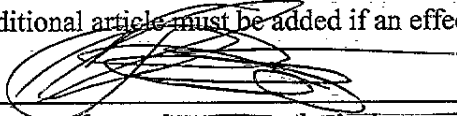
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

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.

(An additional article must be added if an effective date is requested)


~~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.)

PATRICIA RUPERT
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)

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TALLAHASSEE, FLORIDA