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Special Instructions to f	Filing Officer:	
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TERRY Sotton, LLC (Name of Limited Liability Company)	<u></u> -	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
TERRY Sutton / LC	- -	
(2.111.01)		
(Firm/Company)	<del></del>	
5850 MUAKKA VALLEY TRAIL		
SMASSIA, FC 34241 (City/State and Zip Code)	-	
For further information concerning this matter, please call:	SECHE	0000
Tracey Sutton at (941) 905-7771 (Name of Person) (Area Code & Daytime Telephone Number)	ASSEE F	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 .

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
TERRY Sotton, LLC	·	<del></del>	_	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Li	ability Compar	ay is: -	
Principal Office Address:	Mailing Address:	.—		
5850 MYAKKA VAILEY TRAIL	<u> Jame</u>	*	<del>_</del>	
SACASOTA, FL 34241				
· · · · · · · · · · · · · · · · · · ·			_	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered  TERRY Sulfon Name  5850 MUNICA I Florida street address (P.O. Box N	JAUGU TRAIL	s Signature: ECHETARY OF STATE SIGNATURE FLORIDA	63 DEC 19 PH 1:05	Ϋ́LED
SACASOFA FI City, State, and Zip	ORIDA 34241	um <sup>PC</sup> I	-1.2 F	

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

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

#### 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)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)