

L04000084124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Responsibility

Signature

Signature

Signature

Signature

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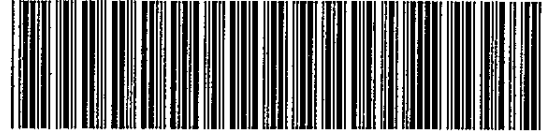
Signature

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100042421851

EFFECTIVE DATE
11/8/04

11/12/04--01026--018 **130.00

FILED

NOV 12 P 2:34

SEC. 100042421851

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

SUBJECT: Sullivan Design Associates LLC

The enclosed Articles of Organization and fees are submitted for filing:

Please return all correspondence concerning this matter to the following:

Robert J. Sullivan
Sullivan Design Associates LLC
889 Bullhead Avenue
New Smyrna Beach, Florida 32169

For further information concerning this matter, please call:

Robert J. Sullivan at (386) 847-0744

Enclosed is a check for the following amount:

\$130.00 Filing Fee & Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I – Name

The name of the Limited Liability Company is:

Sullivan Design Associates LLC

ARTICLE II – Address

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

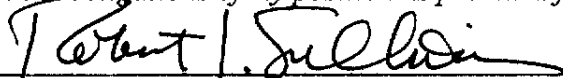
889 Bullhead Avenue
New Smyrna Beach, Florida 32169

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

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

Robert J. Sullivan
889 Bullhead Avenue
New Smyrna Beach, Florida 32169

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 provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV – Management, Managers or Managing Members:

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

Title:

MGR – Manager

MGR - Manager

Name and Address:

Robert J. Sullivan
889 Bullhead Avenue
New Smyrna Beach, Florida 32169

Timothy P. Sullivan
889 Bullhead Avenue
New Smyrna Beach, Florida 32169

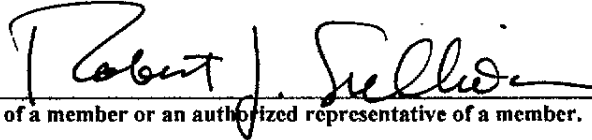
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TALLAHASSEE, FLORIDA

MGR - Manager

Anthony G. Sullivan
1830 East Minnesota Avenue
Deland, Florida 32724

ARTICLE V – Effective Date

The effective date of the organization of this Limited Liability Company is November 8, 2004.



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.)

Robert J. Sullivan
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA