

W050000071404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

7/15

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Office Use Only



100056685941

07/01/05--01033--021 \*\*130.00

M. HODGES

W05-32775

Catherine Sugrue  
9830 Scott Mill Road  
Jacksonville, Florida 32257  
904-737-1706  
sugrue31@comcast.net

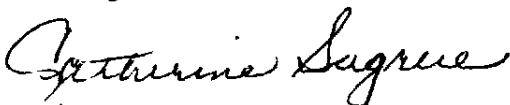
June 29, 2005

Registration Section  
Division of Corporations  
Post Office Box 6327  
tallahassee, FL 32314

Dear Sir:

Enclosed find my application for a single Limited Liability Corporation and a check for \$130.00.

Best regards,



Catherine Sugrue  
Sugrue Travel  
9830 Scott Mill Road  
Jacksonville, Florida 32257  
904-737-1706

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sugrue Travel L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Sugrue  
(Name of Person)

Sugrue Travel, L.L.C.  
(Firm/Company)

9830 Scott Mill Road  
(Address)

Jacksonville, Florida 32257  
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Sugrue at ( 904 ) 737-1706  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 7, 2005

CATHERINE SUGRUE  
9830 SCOTT MILL ROAD  
JACKSONVILLE, FL 32257

SUBJECT: SUGRUE TRAVEL L.L.C.  
Ref. Number: W05000032775

We have received your document for SUGRUE TRAVEL L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 705A00045156

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sugrue Travel L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

9830 Scott Mill Road  
Jacksonville, Florida 32257

**Mailing Address:**

9830 Scott Mill Road  
Jacksonville, Florida 32257

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

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

Catherine Sugrue

Name

9830 Scott Mill Road

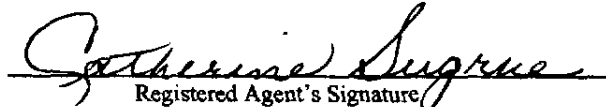
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville 32257

FL

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

(CONTINUED)

05 OCT 17 11:00

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Catherine Sugrue  
9830 Scott Mill Road  
Jacksonville, FL 32257

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Catherine Sugrue  
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.)

Catherine Sugrue  
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)