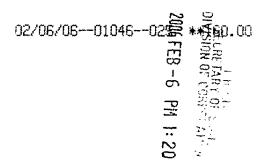
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(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations	s		
SUBJECT: SUNCO	xst Restor (Name of Limite	Tations, LLC d Liability Company)	
The enclosed Articles of Organiz	ation and fee(s) are s	ubmitted for filing.	
Please return all correspondence	concerning this matte	er to the following:	
Cheryl G.	Fears (Name of Person)	
Suncoast	Restorati	Firm/Company)	
1122 5. Har	tsdale 5	(Address)	20
North Pai	-t, Flor	ida 34287 (State and Zip Code)	106 F.L
	(City	/State and Zip Code)	8-
For further information concerning	ng this matter, please	call:	2006 FEB - 6 PM 1: 20 elephone Number)
Cheryl or Michae (Name of Person	el Fears	at (941) 429 - (Area Code & Daytime Te	1447 8 alephone Number)
Enclosed is a check for the fol	lowing amount:		
\$125.00 Filing Fee \$13 Certifi	30.00 Filing Fee & cate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
The state of the s	ng Address ration Section	Street/Courier Addres Registration Section	<u>s</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the printing address and street address."	
Principal Office Address:	Mailing Address:
11225. Hartsdale St. North Port, Fl. 34287	North Port, F1 34287
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	
Cheryl C. Fears	
11225. Hartsda	ss (P.O. Box NOT acceptable)
North Port City, State, an	FL 3代287 d Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

liability company at the place designated in this certificate, I hereby accept the appointment as egistered 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 Agont's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 MGRM Sead Joyce +201 Pincushied St. North Port, F1. 3+286 MGR Cheryl G. Fears 1122 S. Hartsdale St. North Port, F1. 3+287 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days Prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a megaber 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.)

Cheryl G. Fears
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)