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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

Division of Corporations
SUBJECT: Mative Sun Denturas, LLC (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:
Ronald J. (Evans (Name of Person)
Mative Sun Venturas, LLC 3997 (Firm/Company)
109 EIK Street - Floor 2 8 g
(Address)
Syracuse NV 13205 (City/State and Zip Code)
(Cuy/State and Zip Code)
For further information concerning this matter, please call:
Carolyn Evans Dean at (315 657 - 7042 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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 Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
109 EIK Street Floor 2 109 EIK Street - Floor 2 Syracuse NY 13205 Syracuse NY 13205

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Theorp Services, Inc.

Name

18450 NE 2nd Ave.

Florida street address (P.Ö. Box NOT acceptable)

Miami, FL 33179

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 (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:

<u>Title:</u>	Name and Address:	<u></u> 1
"MGR" = Manager "MGRM" = Managing Member		OS A
MGRM	Ronald J. Evans	OS APR 24
*	Syracuse My 13205	
MGR	Carolyn' Evans- Dean 109 Elk Street Syracuse NV 13205	126
	Syractise my issue	<del>-</del>
	* <del>***********************************</del>	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)		ONAL) days prior
REQUIRED SIGNATURE:		<i>.</i>
Romald J. E.	and .	· · · · · · · · · · · · · · · · · · ·
	or an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	
(Konald 1.)	d 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)