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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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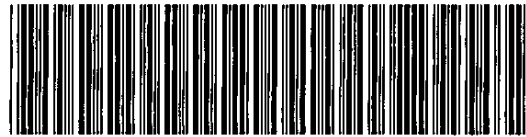
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

NRC

ROBERT E. WHARRIE, P.A.

ATTORNEY AT LAW

5503 38th Avenue North
St. Petersburg, Florida 33710

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(727) 346-9555

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June 15, 2007

Registration Section
Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

RE: S.T. SUTTON LLC

Dear Sir/Madam:

I have enclosed the original and one photocopy of the Articles of Organization for the referenced together with my check in the amount of \$160.00 to cover the filing and one certified copy.

Please file same and return a certified copy to this office.

Thank you for your cooperation and if you have any questions, please do not hesitate to give me a call.

Sincerely,


ROBERT E. WHARRIE

REW:s
Encl.

ROBERT E. WHARRIE, P.A.

Attorneys at Law
Robert E. Wharrie
C. Byron Stout, III

5503 38th Avenue North
St. Petersburg, Florida 33710

Legal Assistants
Sheila M. Sullivan
Thomas G. Bellino

Telephone (727) 346-9555

Facsimile (727) 346-0013

May 18, 2007

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

Re: S.T.SUTTON, LLC

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

Please return all correspondence concerning this matter to the following:

ROBERT E. WHARRIE

ROBERT E. WHARRIE, P.A.

5503 38th Avenue North

St. Petersburg, FL 33710

For further information concerning this matter, please call:

ROBERT E. WHARRIE at (727) 346-9555

Enclosed is a check for the following amount: \$160.00 filing fee, Certificate of Status & Certified Copy. (Additional copy is enclosed)

Sincerely,


ROBERT E. WHARRIE

Encl

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

S T. SUTTON, LLC

ARTICLE II - Address:

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

Principal Office Address: _____ **Mailing Address:** _____

11445 2nd Street East Same

Treasure Island, FL 33706 Same

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

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

Robert E. Wharrie

Name

5503 38th Avenue North

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

St. Petersburg, FL 33710

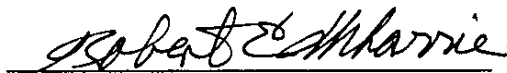
City, State, and Zip

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TALLAHASSEE, FLORIDA

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

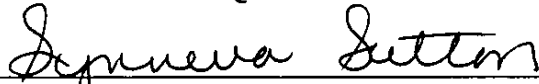


ARTICLE V - Dissolution:

If any member should predecease another, the remaining member(s) shall have the option to either dissolve the LLC or continue its existence. However, in the event no members should remain, the personal or legal representative of the last surviving member shall deliver a statement of intent to dissolve the LLC to the department of state for filing. The personal or legal representative shall not have the authority to continue the LLC, or to revoke its articles of dissolution after filing, and must wind up and liquidate the LLC's business and affairs.

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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SYNNEVA SUTTON

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA