

LO 80000022691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

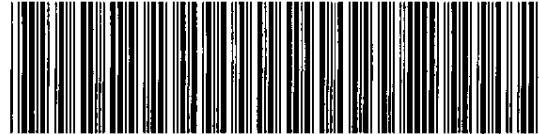
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800119240598

03/04/08--01004--017 \*\*130.00

FILED  
2008 MAR -3 P 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. LUNT

MAR - 4 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sterling Construction Unlimited, 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:

**Shepard Grubbs**

(Name of Person)

(Firm/Company)

**3598 Partridge Avenue**

(Address)

**North Port, FL 34286**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Shepard Grubbs**

(Name of Person)

at ( **941** ) **915-0534**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate 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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2000 MAR -3 P 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION  
Sterling Construction Unlimited, LLC  
A LIMITED LIABILITY COMPANY  
(Pursuant to Chapter 608, Florida Statutes)

1. NAME: The name of the limited liability company is Sterling Construction Unlimited, LLC.

PURPOSE: The purpose of this member managed limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

2. ADDRESS OF PRINCIPAL OFFICE: The street address of the principal office of the limited liability company is:

3598 Partridge Avenue, North Port, Fl 34286

3. MAILING ADDRESS: The mailing address of the limited liability company is:

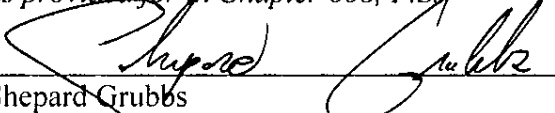
3598 Partridge Avenue, North Port, Fl 34286

4. MANAGEMENT: The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

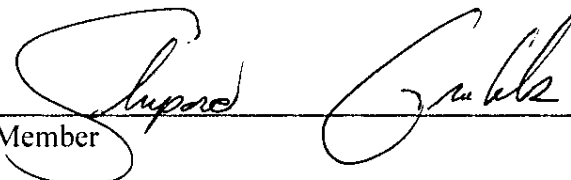
5. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent is:

Shepard Grubbs  
3598 Partridge Avenue  
North Port, Fl 34286

*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.*

  
Shepard Grubbs

6. EFFECTIVE DATE: The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

  
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

FILED  
2008 MAR - 3 12 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA