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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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08 HAY -5 PH 2: 36 SECRETARY OF STATE SECRETARY OF STATE

BOOK & - YAM SEMONT. NO

COVER LETTER

TO:	Registration Section Division of Corporati	ions				
SUBJ	FCT: SUNCOAS	T BPO				
SUBJ	ECI:		ed Liability Com	pany)		<u> </u>
The er	closed Articles of Organ	ization and fee(s) are :	submitted for fili	ng.		
Please	return all correspondence	e concerning this matt	er to the followin	ng:		
	Douglas R Mat	thews				
			(Name of Person)			
			(Firm/Company)			
	9919 Portside		(
			(Address)	 		081
	Bradenton, FI	34212				盟王
		(City	y/State and Zip Co	de)		蓝点
For fu	ther information concern	ing this matter, please	call:			08 MAY -5 PM 2:36
Dou	glas R Matthew		at (941	<u>518-365</u>		
	(Name of Perso	nn)	(Area Co	ode & Daytime Tele	ephone Number)	
Enclo	sed is a check for the fo	ollowing amount:		·		
□ \$125	.00 Filing Fee \$\sqrt{\$13}\$Cer	0.00 Filing Fee & tificate of Status	\$155.00 Fill Certified C (additional co		\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &
	Regi Divis P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	Registra Divisio Clifton	Courier Address ation Section n of Corporations Building xecutive Center C		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: SUNCOAST BPO LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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: 9919 Portside Terrace Bradenton, Fl 34212 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature ARTICLE III - Registered Agent, Registered Agent. You must designate an individual or another Plusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Douglas R Matthews Name 9919 Portside Terrace Florida street address (P.O. Box NOT acceptable) Bradenton FL 34212 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	ARTICLE I - Name:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "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: 9919 Portside Terrace Bradenton, Fl 34212 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: Douglas R Matthews Name 9919 Portside Terrace Florida street address (P.O. Box NOT acceptable) Bradenton FL 34212 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited		is:
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9919 Portside Terrace Bradenton, Fl 34212 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: Douglas R Matthews Name 9919 Portside Terrace Florida street address (P.O. Box NOT acceptable) Bradenton FL 34212 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited		e principal office of the Limited Liability Company is:
Douglas R Matthews Name 9919 Portside Terrace Florida street address (P.O. Box NOT acceptable) Bradenton FL 34212 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited	Principal Office Address:	Mailing Address:
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Florida street address (P.O. Box NOT acceptable) Bradenton FL 34212 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited	Douglas R Matthe	ews
Florida street address (P.O. Box NOT acceptable) Bradenton FL 34212 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited	9919 Portside Ter	rrace
City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited		
Having been named as registered agent and to accept service of process for the above stated limited	Bradenton	FL 34212
· · · · · · · · · · · · · · · · · · ·	City, Sta	ate, and Zip
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	liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all be performance of my duties, and I am familiar with and
		·
Registered Agent's Signature (REQUIRED)	Registered Agent's Si	ignature (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:

"MGRM" = Managing Member	
MGR	Douglas R Matthews
	9919 Portside Terrace
	Bradenton, FI 34212
MGRM	Robert W Wood
	210 3rd Street West
	Bradenton, Fl 34205
	The second of th
(Use attachment if necessary)	
LE V: Effective date, if other than the	he date of filing: 05/07/2008 (OPTIONAL) be specific and cannot be more than five business days pri

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.)

Douglas R Matthews

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)