

L09000025943

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000062332 3)))



H090000623323ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

712 sans ceo, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
09 MAR 17 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN
MAR 18 2009
EXAMINER

③

H09000062332

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

712 Sans CEO, LLC

ARTICLE I

**The name of the Limited Liability Company shall be: 712 Sans CEO,
LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company :3201 BENT PINE DRIVE, FORT PIERCE,
FL 34951.**

ARTICLE IV

**The name and the Florida street address of the registered agent:
WALTER SUDYMONT, 3201 BENT PINE DRIVE, FORT PIERCE,
FL 34951.**

H09000062332

FILED
09 MAR 17 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000062332

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

712 Sans CEO, LLC

FILED
MAR 17 AM 8:04
SECRETARY OF STATE
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 the articles of organization, 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.


Registered Agent


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.)

WALTER SUDYMONT

Typed or printed name of signee

H09000062332