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**EXAMINER**

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04/07/09--01023--013 \*\*139.00

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09 MAY 11 PM 9:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Gerald Sturgeon, L.L.C.  
(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:

Gerald Sturgeon  
(Name of Person)

Gerald Sturgeon, L.L.C.  
(Firm/Company)

14470 N.E. 213<sup>th</sup> Place  
(Address)

Fort McCoy, Florida 32134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gerald Sturgeon at (850) 528-0062  
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2009

GERALD STURGEON  
14470 NE 213 PLACE  
FORT MCCOY, FL 32134

SUBJECT: GERALD STURGEON, L.L.C.  
Ref. Number: W09000016522

We have received your document for GERALD STURGEON, L.L.C. and your check(s) totaling \$139.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 7, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 009A00011865

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gerald Sturgeon, L.L.C.

(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:

14470 NE 213<sup>th</sup> Place  
Fort McCoy, Florida -  
32134

Mailing Address:

1253 Highway 179A  
Westville FL  
32464

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:

Gerald Sturgeon

Name

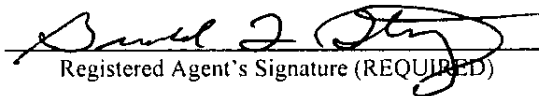
14470 NE 213<sup>th</sup> Place

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

Fort McCoy FL, 32134

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

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TALLAHASSEE FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

Gerald Sturgeon  
14470 NE 213<sup>th</sup> Place  
Fort McCoy, FL 32134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5-4-09 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Gerald Sturgeon  
Typed or printed name of signer

**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)

**FILED**  
**09 MAY 11 PM 9:24**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA