

L09000064212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

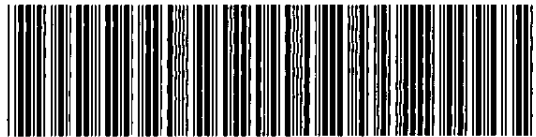
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09 JUL -2 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. 000000

JUL 2 2009

TRANSMITTAL LETTER

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850-487-6051

SUBJECT: THE SUCCESS CONNECTION, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM: WILLIAM F. SURGEON, JR.
1316 41ST AVENUE
VERO BEACH, FLORIDA 32960
772-538-2813



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2009

WILLIAM F. SURGEON, JR.
1316 41ST AVENUE
VERO BEACH, FL 32960

SUBJECT: THE SUCCESS CONNECTION, LLC
Ref. Number: W09000030513

We have received your document for THE SUCCESS CONNECTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 109A00022613

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company shall be: THE SUCCESS CONNECTION, LLC.

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1316 41ST AVENUE, VERO BEACH, FLORIDA 32960

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

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

WILLIAM F. SURGEON, JR.
1316 41ST AVENUE
VERO BEACH, FLORIDA 32960

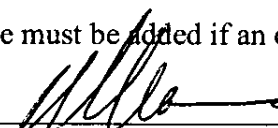
Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..


WILLIAM F. SURGEON, JR.


ARTICLE IV- Management (Check box if applicable.)

X- The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)


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.)


W.N. BROOCKE

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA