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(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:
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Office Use Only



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SECRETARY OF STATE JIVISION OF CORPORATION

T. HAMPTON

DEC - 8 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section Corporations				
SUBJE	ECT:	STER	LING	EVEI	NTS, LLO	
		Name of Limi				
The en	closed Articles	of Organization and fee(s) are	submit	ted for fil	ing.	
Please	return all corres	spondence concerning this mat	iter to th	ne followi	ing:	
		T. Brad			Esquire	
			Name	of Person		
		Korsha			es, P.A.	
			Firm/C	Company		
		8680 Comm	nodity	Circle,	Suite 200	В
			Ad	ldress		
		Orlan	ido, Fl	lorida 3	32819	
		Ci	ty/State	and Zip Co	ode	
-		E-mail address: (to be used	ling81	1@gma	iil.com	on)
For fur	ther information	n concerning this matter, pleas				
		dford Petrino	at (_)	
	Name	e of Person		Area Co	de & Daytime	Telephone Number
Enclos	ed is a check t	for the following amount:				
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	L C	ertified C	ling Fee & Copy opy is enclosed	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Add ation Section on of Corpora Building Executive Cer assee, FL 323	ations ater Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR		COMMAN
ARTICLE I - Name: The name of the Limited Liability Company	is:	
STERLING E	VENTS, LLC	
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
1425 Leeway Avenue Orlando, Florida 32810	1425 Leeway Avenue Orlando, Florida 32810	<u> </u>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the street address of th	legistered Agent. You must designate an individual	gnature: or another
Alan L	Sterling	
Na	ame	
1425 Lee	way Avenue	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Orlando, FL 3281	0	
City, Sta	te, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this caps statutes relating to the proper and complet accept the obligations of my position as the statutes.	in this certificate, I hereby accept the a acity. I further agree to comply with the e performance of my duties, and I am fa	ppointment as e provisions of all miliar with and
Registered Agent's Si	gnature (REQUIRED)	SEGRETARY JIVISION OF CO 09 DEC -7
(CON)	TINUED)	

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:

	Name and Address:	
"MGR" = Manager "MGRM" = Manager	ing Member	
MGRM	Alan L. Sterling	
	1425 Leeway Avenue	
	Orlando, Florida 32810	
MGRM	Elijah D. Loeffel	
	649 Dunn Drive	
	Altamonte, Florida 32714	
		
(Use attachment if n	•	ODTIONA
LE V: Effective date	e, if other than the date of filing: (, the date must be specific and cannot be more than five bu	
LE V: Effective date fective date is listed days after the date	e, if other than the date of filing: (, the date must be specific and cannot be more than five bu of filing.)	
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