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Effective Date 01/04/2010

SECRETARY OF SHATION SIGNATION OF CORPORATION

T. HAMPTON

DEC 2 4 2009

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corporations
SUBJECT:	St Pete Sundries, LLC.
	Name of Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Sandra M Wilson
	Name of Person
	St Pete Sundries, LLC.
	Firm/Company
	1741 65th Way N
	Address
	St Petersburg, FL 33710 1831
<del></del>	St Petersburg, FL 33710  City/State and Zip Code
<del></del>	StPeteSundriesLLC@tampabay.rr.com
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
	Sandra M Wilsonat (727)744-5857
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a c	check for the following amount:
]\$125.00 Filin	g Fee \$\sigma\$
	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

# Effective Date 01 04 2010

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	/ is:		
St Pete Sur	idries, LLC. Liability Company," "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1741 65th Way N	1741 65th Way N		
St Petersburg, FL 33710	St Petersburg, FL 33710		
	the registered agent are:  a M Wilson		
1741 6	55th Way N		
	(P.O. Box NOT acceptable)		
St Petersburg, FL 33	710 <sub>FL</sub>		
	ate, and Zip		
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, 25		

(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:

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:		
MGRM	_	Sandra M Wilson 1741 65th Way N St Petersburg, FL 33710		
	<del></del>		<u> </u>	
	_			
(Use attachment is	necessary)		_	
ARTICLE V: Effective d (If an effective date is liste to or 90 days after the day	ed, the date must be sp	e of filing: <u>Sociocy 4, 2010</u> . (OPT pecific and cannot be more than five busine	IONAL ss days	) prior
REQUIRED SIG	NATURE:			
	Signature of a member or	an authorized representative of a member.		
		n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)		
	-	andra M Wilson		9
Filing Fees:	Typed	or printed name of signee	09	SEG 1817

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)