L10000023277

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Ado | dress) | <u> </u> |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nai | me) |
| (Dos | cument Number) | |
| | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



200170666612

Effective Date 02 3/10

03/01/10--01053--022 **130.00

10 MAR - 1 PH 3: 21
SECRETARY OF STATE

J. BRYAN

MAR - 2 2009

EXAMINER

COVER LETTER

| Division of C | Corporations | | |
|--------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| SUBJECT: | | ast Wholesale LLC. | ····· |
| | Name of Limite | ed Liability Company | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | spondence concerning this matt | er to the following: | |
| | | Jon Sine | |
| | | Name of Person | |
| | Souther | ast Wholesale LLC. | SECTION |
| | | Firm/Company | 至 |
| | 7750 Loc | ckwood Ridge Road | ARY SSE |
| · | | Address | mg 3 |
| | | . 5.04040 | STP STP STP |
| | | asota, FL 34243 | |
| | · | y/State and Zip Code | 12.0 |
| | jo | nsrq@aol.com or future annual report notificatio | n) |
| | p-man address. (to be used t | or ruture aiminar report normeano | n) |
| For further information | n concerning this matter, please | call: | |
| | Jon Sine | at (407) | 668-9683 |
| Nam | e of Person | Area Code & Daytime | |
| 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions ter Circle |

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| | Fig. 2 0 |
| Southeast Whole | sale LLC. |
| (Must end with the words "Limited Liabilit | ty Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| | |
| 7750 Lockwood Ridge Road | 5750 Lockwood Ridge RJ SARAKUTA FL 34343 |
| Sarasota, FL 34243 | _SHUBOITS F1 34345 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | ered Agent. You must designate an individual or another Effective Date (02) 23 10 |
| The name and the Florida street address of the re | egistered agent are: |
| The name and the Florida street address of the re Jon Si | ,5,5,5,6,6,0,0,0,0 |
| | ,5,5,5,6,6,0,0,0,0 |
| Jon Sii Name | ne |
| Jon Sii | Ridge Road |
| Jon Sii Name 7750 Lockwood | Ridge Road |
| Jon Sil Name 7750 Lockwood Florida street address (P.O. | Ridge Road Box NOT acceptable) |

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

| MGR Jon Sine 7750 Lockwood Ridge Road Sarasota, FL 34243 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: 2-23-10 (OPTIC fective date is listed, the date must be specific and cannot be more than five business 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.) Jon W. Sine | <u>Title:</u> "MGR" = Manag "MGRM" = Man | _ | Name and Address: | COFTARY. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| LE V: Effective date, if other than the date of filing: [COPTICE fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) [REQUIRED SIGNATURE: [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.) | MGR | | 7750 Lockwood Ridge Road | Y OF ETATE |
| LE V: Effective date, if other than the date of filing: [COPTICE fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) [REQUIRED SIGNATURE: [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.) | | | | |
| LE V: Effective date, if other than the date of filing: [COPTICE fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) [REQUIRED SIGNATURE: [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.) | | | | |
| 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.) | | | | |
| 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.) | LE V: Effective | date, if other than the | date of filing: 2-23-10 . (OPT | TIONA |
| (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.) | LE V: Effective fective date is lis days after the da | date, if other than the sted, the date must be ate of filing.) | date of filing: 2-23-10 (OPT e specific and cannot be more than five busine | FIONA |
| Jon W. Sine | LE V: Effective fective date is lis days after the da | date, if other than the sted, the date must be ate of filing.) GNATURE: | e specific and cannot be more than five busine | FIONA ess day |
| | LE V: Effective fective date is lis days after the da | date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document construction. | e specific and cannot be more than five business. For or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution that the penalties of perjury | FIONA |
| Typed or printed name of signee Filing Fees: | LE V: Effective fective date is lis days after the da | date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute that the facts stated her | e specific and cannot be more than five busines to a member. er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) Jon W. Sine | CIONA |