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| PICK-UP | WAIT | MAIL |
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| Certified Copies | | |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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TO JUNITARY OF STATE

J. BRYAN

JUN 1 4 2010

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of Co | orporations | | | |
|--------------------------|---|---|--|---|
| SUBJECT: SUZ-E- | Q Enterprise LLC | | | |
| 30bJEC1: <u></u> | | ed Liability Comp | any | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filir | ıg. | |
| Please return all corres | pondence concerning this mat | ter to the followin | g: | , |
| 0 14 5111 | | | | |
| Susan K. Pitt | man | Name of Person | | |
| | | | | |
| | | Firm/Company | | The second second |
| | | rim/Company | | 選号さ |
| 572 Black Fo | rest Drive | | | T T |
| | | Address | | M4 3 C |
| Saint Johns, | Florida 32259 | | | REPORT STREET |
| | Cit | y/State and Zip Coo | le | E. C. |
| Susique711@ | Daol.com E-mail address: (to be used | for future annual res | nort notification) | |
| B 0 4 1 0 4 | | | ort normation) | |
| For further information | concerning this matter, please | e caii: | | |
| Susan Pittman | | _at (_904 | ₎ 429-7829 | |
| Name | of Person | Area Coo | le & Daytime Tel | lephone Number |
| Enclosed is a check f | or the following amount: | | | |
| ☑\$125.00 Filing Fee | ■\$130.00 Filing Fee & Certificate of Status | □\$155.00 Fili Certified Co (additional co) | • | \$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 | Registra Division Clifton 2661 Ex | Courier Addressition Section of Corporation Building Recutive Center See, FL 32301 | ns . |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | 10 6 M |
|--|--|
| The name of the Emmed Elability Company is. | |
| SUZ-E-Q Enterprise LLC | |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | incipal office of the Limited Liability Company is: |
| | incipal office of the Enfined Elability Company is. |
| Principal Office Address: | Mailing Address: |
| 572 Black Forest Drive | 572 Black Forest Drive |
| Saint Johns, Florida 32259 | Saint Johns, Florida 32259 |
| The name and the Florida street address of the real David L. Hutchinson — Name | egistered agent are: Miller Bearings, Ira. |
| 229 NW Wilks Lane, #7 | · |
| | ress (P.O. Box NOT acceptable) |
| Lake City | FL 32055 |
| City, Sta | te, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |

Registered Agent's Signature (REQUIRED)

(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: Title Name and Address.

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| <u> </u> | | |
| | | |
| (Use attachment if necessa | ry) | |
| CLE V: Effective date, if oth | er than the date of filing: June 11, 2010 | (OPTIONAL) |

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.)

Susan K Pittman

Typed or printed name of signee

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)