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A. LUNT

AUG 20 2010

**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: SAJ Corporate Services, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sumpter A. J	ames				
		Name of Person			
SAJ Corpora	te Services LLC				
		Firm/Company			•
P.O. Box 975	1				
		Address		المنتق	20
Daytona Bea	ch, Florida 32120				2010 AUG
	Ci	ty/State and Zip Code		53	913
sumpterjames				#1 -<	9
r further information	E-mail address: (to be used concerning this matter, pleas	•	·	FLORIDA	PH 1: @6
umpter A. James		_ at (_386	<u>527-8556</u>		_
Name	of Person	Area Code	& Daytime Telep	ohone Number	
nclosed is a check for	or the following amount:				
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Cop (additional copy	oy (	\$160.00 Filing I Certificate of St Certified Copy (additional copy is	atus &

## 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
433 N. MLK Boulevard	P.O. Box 9751
Daytona Beach, Florida 32114	Daytona Beach, Florida 32120
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Sumpter A. James	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Sumpter A. James	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Sumpter A. James	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Sumpter A. James  433 N. MLK Bouleva	Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Sumpter A. James  433 N. MLK Bouleva	Registered Agent. You must designate an individual or another.  The registered agent are:

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..

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Sumpter A. James P.O. Box 9751 Daytona Beach, Florida 32120 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE: GUNBY CONSULTING** 790 BLOOMFIELD AVE., SUITE 4 CLIFTON, NEW JERSEY 07012 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.) 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)