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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Division of C			
SUBJECT: Sponsor Development Partners, LLC				
		Name of Limi	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	tter to the following:	
	James T. Du	rham		
	Janies 1. Du	ritalii	Name of Person	
			14mine of a eagon	
	Sponsor Dev	relopment Partners, LLC		
			Firm/Company	
	1912 Rio Vist	to Drive		
	1912 NIU VISI	la Drive	Address	
	Fort Pierce, F	FL 34949		
		Cit	ty/State and Zip Code	
	jimdurham@l			
		E-mail address: (to be used	for future annual report notification)	
For fur	ther information	concerning this matter, pleas	e call:	
Robe	rt Golin		at (954) 401-9164	
	Name	of Person	Area Code & Daytime Telep	phone Number
Enclos	sed is a check for	or the following amount:		
□ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
Sponsor Development Partners, (Must end with the words "Lim	LC ited Liability Company, "L.L.C.," or "LLC.")	<u></u>
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
1912 Rio Vista Drive	1912 Rio Vista Drive	
Fort Pierce, FL 34949	Fort Pierce, FL 34949	
	gistered Office, & Registered Agent's Signown Registered Agent. You must designate an individual of the registered agent are:	
James T. Durham		P 3
Name		0 CO RY
1912 Rio Vista Dri Florida	Ve street address (P.O. Box <u>NOT</u> acceptable)	LED Y OF STATE TORPORATION AN D. 33
Fort Pierce	FL 34949 City, State, and Zip	
	Any, were met	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as 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..

egistered 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:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:		
MGRM		James T. Durham		
IAIOLIAI		1912 Rio Vista Drive		
		Fort Pierce, FL 34949		
MODA				
MGRM		Robert Golin	****	
		10580 London Street		
		Cooper City, FL 33026		

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(Use attachmen	t if necessary)			
ARTICLE V: Effective	e date, if other than the d	ate of filing: (OPTIONAL)	
(If an effective date is li	isted, the date must be s	specific and cannot be more than five bu		rior
to or 90 days after the	date of filing.)			
		and the second s		0
REQUIRED S	IGNATURE:		5	SS
——————————————————————————————————————	11	, /	SE	<u> </u>
			SEP 30	25_
	Signature of a member	or an authorized representative of a member.		52.57 1.58.7.
	(In accordance with costi	on 609 409/2) Ploside Statutes, the execution	AH DO 38	- 漢字C
	of this document constitu	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	7	9.4
	that the facts stated herei		رة -	AA
	Robert Golin		વ્ય	N E
	Type	ed 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)