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•
(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
WI- 42095 (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
A. LUNT
OCT - 6 2010
EXAMINER

Office Use Only



400184962384

09/03/10--01021--007 **125.00



September 7, 2010

TIM CASSIDY 823 W. PARK AVE. #256 OCEAN, NJ 07712

SUBJECT: SUSTAINABLE OPTIONS, LLC

Ref. Number: W10000042095

We have received your document for SUSTAINABLE OPTIONS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 610A00021301

Timothy B. Csssidy 823 West Park Avenue, #256 Ocean, NJ 07712 Phone: 732-233-4625

Fax: 631-498-0026 seniorconsult@aol.com

September 25, 2010

Ms. Agnes Lunt Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Sustainable Options, LLC RE:

Dear Ms. Lunt:

Please see your letter attached, as well as Cover Letter and Articles of Organization. As per our call, we previously filed the wrong paperwork to organize the Company.

Thank you for your consideration.

Sincerely

Timothy B. Cassidy

President

Attachment

COVER LETTER

Division of Corporations
SUBJECT: Sustaine Detijns LLC Name of Limited Liability Company
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:
Tin Cassidy Name of Person
Name of Person
Firm/Company
823 W. Park Avenue , #256
Address
Con NJ 07712 City/State and Zip Code
5 2 n ior consult @ Aol, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tu Cosil
Name of Person at (732) 237-4625 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \(\text{Certificate of Status} \) Certificate of Status \(\text{Certified Copy} \) (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 Pf6vious Mailing 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:	- Z.
The name of the Limited Liability Company is:	2010 OCT SECRE TALLAH
Sustainable Options, LL	C SA L
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	The air
The mailing address and street address of the pri	ncipal office of the Limited Liability company is:
Principal Office Address:	Mailing Address:
823 W. Park Ave, \$ 250	823 W. Park Avo 1# 256
OCEGNINS GTT12	OCEAN, NT 07712
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
The name and the Florida street address of the re	
Bryon Welling	
Ocean Village	ress (P.O. Box NOT acceptable) 2400 South Ocean Drive
Fort herca, #	3 _{FL} 34949
City, Sta	te, and Zip
Having been named as registered agent and to a	ccept 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mgrm	Tin CASSIDY F23 W. Park Ave # 256 OCEONINT UTTIL
Mgr	Bryan Welling 2400 South Orean Dr. Orean Village Beautires I, # 3222 Fort Proces FL 34949
mgc	Michael Owens Es 3 1221 Alysa Ct 50 8
Mg	Pen Cooners SSE en C 22 Capelet Prime Trumbulli CT 066N SSE Trumbulli CT 066N SSE
(Use attachment if necessary)	
90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	

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)