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(Re	questor's Name)	
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, . (Do	cument Number)	
Certified Copies	_ · Certificates	s of Status
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SECRETARY OF STATES

C. LEWIS

MAR 7 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	· ·
SUBJECT: SCOTT TILLMAN LLC	
	d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing
Please return all correspondence concerning this matter	•
•	a to the following.
Scott Tillman	Name of Person
SCOTT TILLMAN LLC	- · · · · · · · · · · · · · · · · · · ·
	Firm/Company
3140 Lake Ridge Drive	
	Address
Sarasota, FL 34237	
City	/State and Zip Code
tillman.scott@gmail.com	or future annual report notification)
For further information concerning this matter, please	-
Scott Tillman	at (727) 4379299
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	s:
SCOTT TILLMAN LLC	•
(Must end with the words "Limited Lia	bility 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:
3140 Lake Ridge Drive Sarasota, FL 34237	3140 Lake Ridge Drive Sarasota, FL 34237
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.)	
The name and the Florida street address of the	registered agent are:
Business Filings Income	ne SAN L F
1203 Governors SquaFlorida street a	ddress (P.O. Box NOT acceptable)
Tall aha sace City, s	FL 32301 State, and Zip

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..

Mill Ast Vice President of Business Frings Incorporated
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Mar	anaging Member(s): nager or Managing Member is as fo	TILED
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2011 MAR - 4 AM 10: SECRETARY OF STA TALLAHASSEE: FLOR
MGRM	Scott Tillman	
	3140 Lake Ridge Drive Sarasota, FL 34237	
	Garasota, 1 L 54257	
	<u> </u>	
,		
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must	the date of filing: t be specific and cannot be more t	(OPTIONAL) han five business days pri
CLE V: Effective date, if other than teffective date is listed, the date must days after the date of filing.)	the date of filing: t be specific and cannot be more t	(OPTIONAL) han five business days pri
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more t	han five business days pri
CLE V: Effective date, if other than to effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men constitutes an affirmation up I am aware that any false interpretations.	t be specific and cannot be more t	f a member. on of this document stated herein are true.
CLE V: Effective date, if other than to effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men constitutes an affirmation up I am aware that any false interpretations.	nber or an authorized representative of 608.408(3), Florida Statutes, the execution ander the penalties of perjury that the facts formation submitted in a document to the lony as provided for in s.817.155, F.S.)	f a member. on of this document stated herein are true.

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)