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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2011 JUL -5 AM 10; 47

C. LEWIS

JUL - 6 2011

EXAMINER

TO:	Registration Section Division of Corporations
SUBJI	Sarasota Unlimited LLC
30931	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ben S. Wagner
	Name of Person
	Firm/Company
	PO Box 1894
	Address
	Saragota El 34230
,	Sarasota, FL 34230 City/State and Zip Code
	sarasotaunlimited@gmail.com
•	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Ben	S. Wagner _{at (} 941 ₎ 914-1766
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Sarasota Unlimited LLC		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
4671 Alexander Pope Ln	PO Box 1894	
Sarasota, FL 34241	Sarasota, FL 34230	
ARTICLE III D A. D.	diamak Office of Decisional Accordance	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)		
The name and the Florida street address	of the registered agent are:	TA: 22
Ben S. Wagner		2011 JUI SECRE
	Name	£m ⊆ '

FL 34241 City, 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..

Florida street address (P.O. Box NOT acceptable)

4671 Alexander Pope Ln

Sarasota

(CONTINUED)

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SECRETARY OF STATE TAI I AHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Ben S. Wagner	
	4671 Alexander Pope Ln	
	Sarasota, FL 34241	
MGRM	Jon Pierce	
	4671 Alexander Pope Ln	
	Sarasota, FL 34241	
·		
(Use attachment if necessary)		
EN ESCALA JAC E Mandage	the date of filing:	(ODTION)
	t be specific and cannot be more than	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ben S. Wagner

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)