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Office Use Only



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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	Oct	2c, Jul1
SUBJECT: SureSettle, LLC Name of Lim	ited Liability Company	
The enclosed Articles of Organization and fee(s) ar	, , ,	
Please return all correspondence concerning this ma	atter to the following:	
Joel E. Davidson		
	Name of Person	
SureSettle, LLC		
	Firm/Company	
2201 Marina Isle Way		
	Address	
Jupiter FL 33477		701 TAIL
SureSettle@gmail.com	City/State and Zip Code	OCT 25 MAI CRETARY OF
E-mail address: (to be used	for future annual report notification)	55 RY 5
For further information concerning this matter, plea	se call:	OF STATE
Joel E. Davidson	at (917) 886= 6130	ORIDE 1
Name of Person	Area Code & Daytime Telephone Numb	er 🎾
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	Filing Fee, ate of Status & i Copy I copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
SURE SETTLE, L.L.C.		
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II – Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2201 Marina Isle Way		
Unit 205		
Jupiter, FL 33477	720	
ARTICLE III – Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agentishers entity with an active Florida registration.)	ent. You must designate and individual or mother	
The name and the Florida street address of the registered a	gent are: OF STATE ORIGI	C
Joel E. Davidson Name		
2201 Marina Isle Way, Unit 20 Florida street address (P.O. Bo		
Jupiter, FL 33477 City, State, and	Zip	
Having been named as registered agent and to accept s liability company at the place designated in this certificate agent and agree to act in this capacity. I further agree relating to the proper and complete performance of my obligations of my position as registered agent a	e, I hereby accept the appointment as registered to comply with the provisions of all statutes duties, and I am familiar with and accept the as provided for in Chapter 608, F.S	
(CONTINUE	CD)	

<u>Fitle:</u> MGR" = Manager MGRM" = Managin	g Member	Name and Address:	
		Joel E. Davidson	
	_	2201 Marina Isle Way	
		Jupiter, FL 33477	
	_		<u> </u>
		···	
			*** ***
			
(Use attachm	ent if necessary)		
ARTICLE V: Effec If an effective date prior to or 90 days a	tive date, if other than the is listed, the date must be feer the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five bu	siness days
ARTICLE V: Effec If an effective date orior to or 90 days a	tive date, if other than the	be specific and cannot be more than five bu	
ARTICLE V: Effec If an effective date prior to or 90 days a	tive date, if other than the is listed, the date must be feer the date of filing.) SIGNATURE:	be specific and cannot be more than five bu	siness days
ARTICLE V: Effective date or or 90 days a REQUIRED	signature of a member or signature with section 608.408 utes an affirmation under the pware that any false information	be specific and cannot be more than five bu	SECRETARY TAULAHASSE
ARTICLE V: Effective date or or 90 days a REQUIRED	signature of a member or sucordance with section 608.408 utes an affirmation under the pware that any false information constitutes a third degree	an authorized representative of a member. 8(3), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)	SECRETARY O
ARTICLE V: Effective date or or 90 days a REQUIRED	silisted, the date must be after the date of filing.) SIGNATURE: Signature of a member or a member o	an authorized representative of a member. 8(3), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.) oel E. Davidson	SECRETARY O
ARTICLE V: Effective date or or 90 days a REQUIRED	silisted, the date must be after the date of filing.) SIGNATURE: Signature of a member or a member o	an authorized representative of a member. 8(3), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)	SECRETARY TAULAHASSE