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J. SAULSBERRY EXAMINER JAN 132012

COVER LETTER

TO: Registration Section Division of Corporations	
SURJECT: Sutheera LLC	
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:	
Sutheera Anusontarangkul	
Name of Person	
Firm/Company	
234 NE 3rd Street #1905	
Address Pos S	
Miami, FL 33132 City/State and Zip Code Address ALCRE JAN SEC RE AND JAN City/State and Zip Code	77
Anuson98@gmail.com E-mail address: (to be used for future annual report notification)	T1
For further information concerning this matter, please call:	
Sutheera Anusontarangkul at (305) 215-3925	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 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 Company i	s:			
Sutheera 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 Lia	ability Com	pany	is:
Principal Office Address:	Mailing Address:			
234 NE 3rd Street #1905 Miami, FL 33132	234 NE 3rd Street #1905 Miami, FL 33132			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registeress entity with an active Florida registration.)		idual-or another.		
The name and the Florida street address of the	e registered agent are:	AHA	7012 JAN	77
Sutheera Anusontar	rangkul	SSS	2	4
Nan	ne	r og	3	
234 NE 3rd St	reet #1905	TARY OF STATE ASSEE, FLORIDA	တ္တ	
Florida street a	address (P.O. Box NOT acceptable)	25E	8: 23	
Miami	_{FI} 33132	3 >	~	
City,	State, and Zip			
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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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	er e e e e e e e e e e e e e e e e e e
MGR	Sutheera Anusontarangkul
	234 NE 3rd Street #1905
	Miami, FL 33132
	
	
	
LE V: Effective date, if other the	nan the date of filing: (OPTIONAL
fective date is listed, the date in days after the date of filing.)	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days Anusordayanakul
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