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J. BRYAN
JUN 15 2012
EXAMINED

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 5. A.	LORD STRATEGIC LLC
Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
SETH A. LORD	
	Name of Person
S. A. LORD STRATEGIC LI	Name of Person C Firm/Company
	Firm/Company
961 SW SULTAN DR	Sec. 2 0
701 300 1110 371	Address
PORT SAINT LUCIE, FL 34	953 ty/State and Zip Code
MANEYTALKSIMUSTENINGOR	DCKETMAN .COM
	for future annual report notification)
For further information concerning this matter, pleas	e call:
SETH A. LORD	at (561) 644-4649
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fee \$\&\text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
900000000000000000000000000000000000000	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Malling Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:	THE
S. A. LORD STRATEGIC LLC (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company's:
Principal Office Address:	Mailing Address:
961 SW SULTAN DR PORT SOINT LIVE FL 34953	961 SW SULTAN DR

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SETH A. LORD		
Na	me	
961 SW SULTAN DR		
Florida street	address (P	P.O. Box NOT acceptable)
PORT SAINT LUCIE	FL	34953
	State, and	l 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	PER L
MGRM	Name and Address: SETH A. LORD 961 SW SULTAN DR PORT SAINT LUGE, FL 34953
	
(Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days pri
days after the date of filing.)	

(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.)

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)