

#L12000112510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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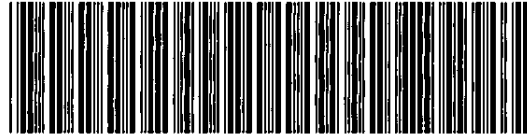
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 31 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sanford Sutton Masonry L.L.C.
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:

Sanford Tyrone Sutton
Name of Person

SANFORD SUTTON MASONRY L.L.C.
Firm/Company

6115 SYRCLE AVE.
Address

MILTON FL. 32570
City/State and Zip Code

WYNTERWINDHAM @ yahoo . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanford Sutton at (850) 910-0852
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, 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

08-30-2012

Division of Corporations

ATT: Karen Saly

I have know intension
reinstating old company
Sanford Sutton masonry, I wanna
start a new company.
Sanford Sutton masonry LLC

Sgm. Sanford Sutton

RECEIVED
12 AUG 31 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANFORD SUTTON MASONRY 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 office of the Limited Liability Company is:

Principal Office Address:

6115-Syracle AVE
Milton FL 32570

Mailing Address:

6115-Syracle AVE
Milton FL 32570

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:

SANFORD Tyrone SUTTON

Name

6115-Syracle AVE

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

Milton FL 32570

City, State, and Zip

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12 AUG 29 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Sanford Sutton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

WYNTER WINDHAM
6115 SYRACLE AVE
MILTON FL - 32570

Managing - Member.

Frank Jones
6500 Brock St
Milton FL - 32570

MGRM

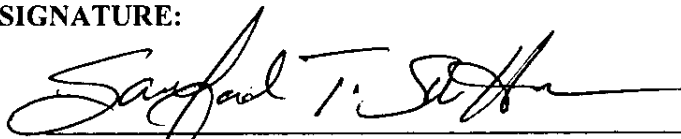
SANFORD TYRONE SUTTON
6115 SYRACLE AVE
MILTON, FL 32570

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

SANFORD TYRONE SUTTON

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)