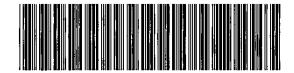
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(Red	questor's Name)	
(Add	lress)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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B. BOSTICK
SEP - 5 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Division of	n Section Corporations	e \$		
SUBJE	cct: Scot	ty's demo and rep	air		
		Name of Limit	ed Liability Company		
The en	closed Articles	s of Organization and fee(s) are	submitted for filing.		
Please	return all corre	espondence concerning this mat	ter to the following:		
	Scott P	Suciu			_
			Name of Person		
	Scotty's	demo and repair			_
			Firm/Company		
	9400 N	E 307th ave			
			Address		_
Ş	Salt Sprir	ngs FI 32134		57 -	_
			ry/State and Zip Code	ררץ	
-	scottpsuci	u@yahoo.com	for future annual report notification)		
			-	SS - 4	
For fur	ther information	on concerning this matter, please	e call:	[17] TO	) juli
Scott	Suciu		at (904 ) 557 1459	FLORING TO STATE	. Üws
	Nan	ne of Person	Area Code & Daytime Telepho	one Number	
Enclos	ed is a check	for the following amount:			
S125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallabassee, El. 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building	nla	

Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Com	pany is:		
Scotty's demo and repair	"LLC."		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability	Company	y is:
Principal Office Address:	Mailing Address:		
9400 ne 307th ave Salt Springs Fl.32134	9400 ne 307th ave Salt Springs Fl 32134	<del></del>	
	gistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a		
The name and the Florida street address	of the registered agent are:		
Scott P Suciu		2 S	
	Name	SEP -	
9400 NE 307	7thAve	£-	A more
Florida	street address (P.O. Box NOT acceptable)	:: IN	1
Salt Springs	្ត FL 32134	<u>.</u>	ردسته درسته

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..

City, State, and Zip

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:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member	er -	
MGR	Scott P. Suciu 9400 NE 307th Ave.	<u>~</u>
	Salt Springs, Florida 32134	<del>-</del> -
		-
	<u> </u>	- - 
		2 SEP
	FILE CO.	- t- 6.
(Use attachment if necessary)	Control Contro	- ယ ဟ
	nan the date of filing: (OPTIC	,
(If an effective date is listed, the date n to or 90 days after the date of filing.)	nust be specific and cannot be more than five business	days prior
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.)

Scott Phillip Suciu

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)



August 23, 2012

SCOTT P. SUCIU 9400 NE 307TH AVENUE SALT SPRINGS, FL 32134

SUBJECT: SCOTTY'S DEMO AND REPAIR "LLC"

Ref. Number: W12000043904

We have received your document for SCOTTY'S DEMO AND REPAIR "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 312A00021660