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ALLAHASSEE FIORIE

#### COVER LETTER

TO:

**Registration Section Division of Corporations** 

Sue Bee Marketing & Communications, 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:

## Susan Bergstrom Name of Person Sue Bee Marketing & Communications, LLC 2770 71st.Circle, Apt. 104 Vero Beach, FL 32966 City/State and Zip Code suebee59@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan Bergstrom

Name of Person

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sue Bee Marketing &	Communications, LLC			
(M	ast end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")	<del></del> -	
ARTICLE II - A	ldress:			
		incipal office of the Limited Li	ability Company is:	
Principal Office	Address:	Mailing Address:		
2770 71st. Circle		2770 71st. Circle		
Vero Beach, FL 32966		Vero Beach, FL 32966		
(The Limited Liability C		Office, & Registered Agent's ered Agent. You must designate an individual of the control of the		
(The Limited Liability C business entity with an	ompany cannot serve as its own Registe	ered Agent. You must designate an indivi	idual or another	
(The Limited Liability C business entity with an	ompany cannot serve as its own Registrative Florida registration.)  Florida street address of the re	ered Agent. You must designate an indivi	idual or another	
(The Limited Liability C business entity with an	ompany cannot serve as its own Registrative Florida registration.)  Florida street address of the results of th	ered Agent. You must designate an indivi	idual or another	
(The Limited Liability C business entity with an	ompany cannot serve as its own Registrative Florida registration.)  Florida street address of the results of th	ered Agent. You must designate an indivi	idual or another  2013 JAN -7 PH  ALLAHASSEE F	
(The Limited Liability C business entity with an	ompany cannot serve as its own Registrative Florida registration.)  Florida street address of the results of th	ered Agent. You must designate an indiving grant are:	idual or another  2013 JAN -7	
(The Limited Liability C business entity with an	ompany cannot serve as its own Registration.)  Florida street address of the results and Bergstrom  Name  2770 71st. Circle, Apt. 104  Florida street add  Vero Beach, FL 32966	ered Agent. You must designate an indiving egistered agent are:  ress (P.O. Box <u>NOT</u> acceptable)	idual or another  2013 JAN -7 PH	

(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:

MGRM	Susan Bergstrom	
	2770 71st. Circle, Apt. 104	
	Vero Beach, FL 32966	26
		ALLAHAS
		<del></del> ,
		<u> </u>
		<del></del>
(Use attachment if necessary)		
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**REQUIRED SIGNATURE:** 

Signature of a member or an authopized 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.)

Susan Bergstrom 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)