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#### **COVER LETTER**

TO: **Registration Section Division of Corporations** SUTOR PRIMOS, 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: GREGORY J. SUTOR Name of Person Firm/Company 1100 VIA LAGUNA #109 BOYNTON BEACH, FL 33436 City/State and Zip Code SUTORIZED@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GREGORY J. SUTOR Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

SUTOR PRIMOS, L				_	
(	Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II -	Address:				
The mailing add	ress and street address of the	he principal office of the Limited L	iability (	Compa	ıny is:
Principal Office	Address:	Mailing Address:			
1100 VIA LAGUNA	#109	1100 VIA LAGUNA #109		_	
BOYNTON BEACH,	FL 33436	BOYNTON BEACH, FL 33436		_	
The name and th	TODD PINCHEVSKY		The Criston of	2019 JU	·
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	2240 WOOLBRIGHT ROAD		m <sup>€</sup> m⊸c	<del>-</del>	ļ.
	Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)		PH	£ \$ (
	BOYNTON BEACH,	FL 33426	20.7	Ö	
		FL 33426 ity, State, and Zip	Z DA	00	
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liability com registered age all statutes re	Ci nmed as registered agent an pany at the place designate nt and agrec to act in this c lating to the proper and cor	ity, State, and Zip  and to accept service of process for the d in this certificate, I hereby accept capacity. I further agree to comply v mplete performance of my duties, an	the appo vith the p d I am fa	intmei provisi imiliai	nt as ons of with

(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:

achment if necessary)	SORY J. SUTOR VIA LAGUNA #109 ITON BEACH, FL 33436  ling: (OPTION
achment if necessary)  Effective date, if other than the date of fi	Iing: (OPTION
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RED SIGNATURE:	
Signature of a member of an au	horized representative of a member.
constitutes an affirmation under the penalti	orida Statutes, the execution of this document es of perjury that the facts stated herein are true itted in a document to the Department of State d for in s.817.155, F.S.)
GREGORY J. SUTOR	7
	ed name of signee
	red name of signee
Typed or prin	red name of signee
Typed or prin	ed name of signee