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## **COVER LETTER**

TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,
SUBJECT: SUCERMAN L.L.C.  Name of Limited Liability Company	W. Car
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patrick SudEnman/ Name of Person	
Name of Person	·
Firm/Company 38 dana o/2.	
Address	
38 dang o/12.  Address  Chiwford VIIIE. Fla 32327	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
P. Sudien Made at (850) 566.—8663  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin	Status &

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 AM 10: 11

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	.C.," or "LLC.")	<del></del>
e of the Limited Liabi	lity Company is:	
Mailing Address:		
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Flawf gr	2327	
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ent-are:		
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e appointment as regis all statutes relating to t ations of my position as	tered agent and ag he proper and com	ree to act in this plete performance
The second	Mailing Address:  38 Cana CRawf games  Registered Agent's Singistered Agent. You make the compact of the above the appointment as registered attentions of my position as 1605, F.S.	ability Company, "L.L.C.," or "LLC.")  The of the Limited Liability Company is:  Mailing Address:  38 (and and and and and and and and and and

(CONTINUED)

Page 1 of 2



<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Patrick J. SuclERMUNI
AMBR_	LATTICK J. JUCIEL WIGHT
	38 dana DR.
	38 dana DR. Chumford VIIIE
	32327
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***************************************	
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
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