## #1400005999/

| (Requestor's Name)                      |     |
|---|-----|
| (Address)                               |     |
| (Address)                               |     |
| (City/State/Zip/Phone #)                |     |
| PICK-UP WAIT MA                         | dL. |
| (Business Entity Name)                  |     |
| (Document Number)                       |     |
| Certified Copies Certificates of Status |     |
| Special Instructions to Filing Officer: |     |
|   | :   |
|   |     |
|   |     |

Office Use Only



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2014 APR 10 PH 4: 24
SECRETARY OF STATE
ALL ABASSES FLORIES

K.SALY EXAMINER APR 1 0 2014

## **COVER LETTER**

| TO:               | Registration Section Division of Corporations                                     |   |   |
|-------------------|---|---|---|
| SUBJE             | CCT: <u>Sutton Business Services, LLC</u><br>Name of L                            | imited Liability Company  |   |
| The en            | closed Articles of Organization and fee(s)  | are submitted for filing.   |   |
| Please            | return all correspondence concerning this   | matter to the following:  |   |
|                   | Aran Dunlop   | Name of Person  |   |
|                   | Dunlop Capital, LLC   | Firm/Company  |   |
|                   | 602 Center Road   | Address   |   |
|                   | Fort Myers, FL 33907  | City/State and Zip Code   |   |
| _ar               | an@dunlopcapital.com<br>E-mail address: (to be us                                 | ed for future annual report notifica                                | ition)  |
| For fur           | ther information concerning this matter, pl                                       | ease call:  |   |
| <u>Aran i</u>     | Name of Person at (   | 239 ) 277-7368<br>Area Code Daytime Tel                             | lephone Number  |
| Enclos            | ed is a check for the following amount:   |   |   |
| <b>☑ \$</b> 125.0 | 0 Filing Fee \$\sim \text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$ | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                   | Mailing Address Registration Section  | Street/Courier Add<br>Registration Section                          |   |
|                   | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                      | Division of Corporat<br>Clifton Building<br>2661 Executive Cent     |   |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   |
|--|---|
| The name of the Limited Liability Company is:  | Liability Company, "L.L.C.," or "LLC.")   |
|  | Ey: E m   |
| Sutton Business Services, LLC  |   |
|  | Liability Company, "L.L.C.," or "LLC.")   |
|  |   |
| ARTICLE II - Address:  |   |
| The mailing address and street address of the principal of   | flice of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:  |
|  |   |
| 602 Center Road  | 602 Center Road   |
| Fort Myers, FL 33907   | Fort Myers, Ft. 33907   |
|  |   |
| ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration           | Registered Agent. You must designate an individual or n.)   |
| The name and the Florida street address of the registered  | agent are:  |
| Law Office of Holly E. Cosby.  | DΛ  |
| Name   |   |
|  |   |
| 602 Center Road  |   |
| Florida street address (P.O. Box   | NOT acceptable)   |
| Fort Myers   | FL 33907  |
| City   | Zip   |
| the place designated in this certificate, I hereby accept<br>capacity. I further agree to comply with the provisions of<br>of my duties, and I am familiar with and accept the obl | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this. of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S |
| Registered Agent's Signat  | ure (REQUIRED)  |

(CONTINUED)

Page 1 of 2

| <u>'itle:</u>  | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  |  |
| MGR" = Manager   | Dunlan Conital Li C  |
| MGR  | Dunlop Capital, LLC<br>602 Center Road   |
|  | Fort Myers, FL 33907   |
|  | TOTAL MINOR TO THE COOK  |
| MGR  | Catherine Sutton   |
|  | 70 Avenue E North  |
|  | Aubumdale, FL 33823  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
| Use attachment if necessary)  V: Effective date, if other than the date of   | of filing: (OPTIONAL)  |
| EV: Effective date, if other than the date of the date is listed, the date must be spe   | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or   |
| EV: Effective date, if other than the date of citive date is listed, the date must be spe filling.)  | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or   |
| CV: Effective date, if other than the date of cive date is listed, the date must be spe filing.)  CVI: Other provisions, if any.   | cific and cannot be more than five business days prior to or   |
| EV: Effective date, if other than the date of cive date is listed, the date must be spe filling.)  EVI: Other provisions, if any. Expital, LLC - 51% Ownership   | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or   |
| V: Effective date, if other than the date of the date is listed, the date must be spe if filing.)  VI: Other provisions, if any. sapital, LLC - 51% Ownership  | cific and cannot be more than five business days prior to or   |
| V: Effective date, if other than the date of the date is listed, the date must be specifiling.)  VI: Other provisions, if any.  Sapital, LLC - 51% Ownership  Sutton - 49% Ownership   | cific and cannot be more than five business days prior to or   |
| V: Effective date, if other than the date of the date is listed, the date must be specifiling.)  VI: Other provisions, if any.  Sapital, LLC - 51% Ownership  Sutton - 49% Ownership   | cific and cannot be more than five business days prior to or   |
| V: Effective date, if other than the date of tive date is listed, the date must be sperfilling.)  VI: Other provisions, if any.  Appital. LLC - 51% Ownership  Sutton - 49% Ownership  REQUIRED SIGNATURE:   | cific and cannot be more than five business days prior to or   |
| V: Effective date, if other than the date of tive date is listed, the date must be sperifiling.)  VI: Other provisions, if any.  Appital. LLC - 51% Ownership  Sutton - 49% Ownership  REQUIRED SIGNATURE:   | more or an authorized representative of a member.  |
| V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any. apital, LLC - 51% Ownership a Sutton - 49% Ownership  REQUIRED SIGNATURE:  Signature of a metal (In accordance with section 605)   | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document   |
| CV: Effective date, if other than the date of the date is listed, the date must be specifiling.)  CVI: Other provisions, if any. apital, LLC - 51% Ownership of Sutton - 49% Ownership  REQUIRED SIGNATURE:  Signature of a merical constitutes an affirmation under   | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of a perjury that the facts stated herein are true.  |
| V: Effective date, if other than the date of the date is listed, the date must be specifiling.)  VI: Other provisions, if any.  apital, LLC - 51% Ownership  Sutton - 49% Ownership  REQUIRED SIGNATURE:  Signature of a merical constitutes an affirmation under I am aware that any false inform   | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document   |
| CV: Effective date, if other than the date of crive date is listed, the date must be spet filing.)  CVI: Other provisions, if any. apital, LLC - 51% Ownership sutton - 49% Ownership  REOUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155. F.S.)  Dunlop Capital, LLC |
| CV: Effective date, if other than the date of cive date is listed, the date must be spending.)  EVI: Other provisions, if any.  Expital, LLC - 51% Ownership  Sutton - 49% Ownership  REOUIRED SIGNATURE:  Signature of a merical constitutes an affirmation under I am aware that any false information constitutes a third degree felony                         | mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State  |

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