

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000296948 3)))



H150002969483ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (850) 617-6381

RE-SUBMIT

Account Name : C T CORPORATION PROPERTIES FROM PROPERTIES F

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. Sturdy Investing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04/5
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



December 17, 2015

FLORIDA DEPARTMENT OF STATE

E-FILE - C T CORPORATION SYSTEM Division of Corporations

RE-SUBMIT
Please retain original filing
date of submission (12/16)

SUBJECT: STURDY INVESTING, LLC

REF: W15000081023

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: H15000296948 Letter Number: 315A00026419

15 DEC 17 PHIZ: 07

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Sturdy Investing, LLC Name of L	imited Liability Company	
The end	closed Articles of Organization and fee(s)	are submitted for filing.	
Please :	return all correspondence concerning this	matter to the following:	
	Mayor B. Guttman	Name of Person	
	Levis & Clare D A		
	Levia & Gann, P.A.	Firm/Company	
	502 Washington Avenue, 8th Floor	Address	
	Towson, Maryland 21204	City/State and Zip Code	
_ fin i	arcus@levingang.com	ed for fixure annual report notific	stion)
For furt	her information concerning this matter, ple	ease call:	
Mayer]	B. Guttmen at (Name of Person	410 <u>321-0600</u> Area Code Daytime Te	lephone Number
Enclose	d is a check for the following amount:		
国 \$125.00	Piling Fee Status Certificate of Status	D\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Cartified Copy (additional copy is enclosed)
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2651 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	d Liability Company is:				
Sturdy Investing, LLC				·	
' (1	dust end with the words "Lim	ited Liability C	ompany, "LL.(2.," or "LLC.")	
ARTICLE II - Addre The mailing address an	ss: d street address of the princip	al office of the	Limited Liabilit	ty Company is:	
Principal Office Addr	esu:	Mailing	Address:		
5 Saint Lucie Court		P.O. Bo			
Stuart, Florida 34996		Stuart. I	lorida 34995		
The name and the Flori	Na	Vilson, Jr.			
•	5 Saint) Florida street address (P.O. 1	Lucio Court	itable)	_	
	_		•		
•	Shuart City	FI.	34996 Zip		
the place designated capacity. I further agr	registered agent and to accept in this certificate, I hereby accept to comply with the provision in familiar with and accept the Ch Registered Agent's Sig	cept the appoint ns of all statute, obligations of n apter 605, F.S.	ess for the above ment as register trelating to the my position as re	red agent and ago proper and come	ree to act in this plete performance
	CONTR	linen)			

Page 1 of 2

Title: "AMBR" ~ Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JOT Jayratment Holding, LLC
	5 Saint Lucia Court
	Stuart. Florida 34996
MGR	F.L. Wilson, Jr.
	5 Saint Lucie Court
	Stuart, Florida 34996
	,
	
(Use attachment if necessary) LEV: Effective date, if other than the data.	es of filing: December 16, 2015 (OPTIONAL)
LEV: Effective date, if other than the dat	e of filing: <u>December 16, 2015</u> , (OPTIONAL) perific and cannot be more than five business days prior to er
TLE V: Effective date, if other than the date in the d	es of filing: December 16, 2015 (OPTIONAL) petific and cannot be more than five business days prior to or
LE V: Effective date, if other than the dat ffective data is listed, the date must be s of filing.)	to of filing: December 16, 2015 (OPTIONAL) pecific and cannot be more than five business days prior to er
LE V: Effective date, if other than the defificative date is listed, the date must be a of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or
LE V: Effective date, if other than the desificative date is listed, the date must be a of filing.) LE VI: Cher provisions, if any. REQUIRED SIGNATURE:	petitic and cannot be more than five business days prior to or sender or an authorized representative of a member.
LE V: Effective date, if other than the deffective date is listed, the date sunst be set filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of add (In accordance with section 6 constitutes an affirmation und	petific and cannot be more than five business days prior to or sender or an authorized representative of a manufer. 05.0203 (1) (b), Florida Statutes, the soccution of this document for the negative of periory that the facts stated herein are true.
LE V: Effective date, if other than the date effective date is listed, the date must be a set filing.) LE VI: Other provisions, if any. BEOURED SIGNATURE: Signature of set (In accordance with section of constitutes an affirmation und I am sware that any false info	pecific and cannot be more than five business days prior to or ember or an authorized representative of a magner. 15.0203 (1) (b), Florida Statutes, the successful berein are true, remailing submitted in a document to the Department of 5 inte
LE V: Effective date, if other than the date effective date is listed, the date must be a set filing.) LE VI: Other provisions, if any. BEOURED SIGNATURE: Signature of set (In accordance with section of constitutes an affirmation und I am sware that any false info	ember or an authorized representative of a magner. 05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, remaining submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the dat ffective date is listed, the date must be a s of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of set (In accordance with section of constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or ember or an authorized representative of a magner. 15.0203 (1) (b), Florida Statutes, the successful berein are true, remailing submitted in a document to the Department of 5 inte

Page 2 of 2