06-01-17 10:14am From-

L/76001/4566 P.01/04 F-362 Plorida 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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

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

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FLORIDA LIMITED LIABILITY CO. STERLING VENUES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	STERLING VENUES, LLC	
30194		Limited Liability Company
The encl	losed Articles of Organization and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	GREGORY R. COHEN, ESQ.	
		Name of Person
	COHEN NORRIS ET AL.	
		Firm/Company
	712 U.S. HIGHWAY ONE, SUIRE	100
		Address
	NORTH PALM BEACH, FL 33408	
		City/State and Zip Code COVV
	E-mail address: (to be use	d for fluture annual report notification)
or further	information concerning this matter, ples	se call:
	GREGORY R, COHEN	561 844-3600
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$ 125.00 1	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
STERLING VENUES, LLC	
(Must contain the words "Limited Liability Compar	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:
1202 Wayah Drive 902	· · · · · · · · · · · · · · · · · · ·
Houston, TX 77019	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

712 US HUM ONE, SUITE 400

Florida street address (P.O. Box NOT acceptable)

Norm Palm Beach FL 33408

State

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, P.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	DAVENPORT GROUP INC. 1302-WAWN DV 901- HOUSTON JEXAS 1109
(Use attachment if necessary) ETICLE V: Effective data, if other than the	e date of filing (OPTIONAL)
RTICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) Ste: If the date inserted in this block does a document's effective date on the Depart ITICLE VI: Other provisions, if any.	
RTICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) Ster If the date inserted in this block does a document's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days is not meet the applicable statutory filing requirements, this date will not be lis ment of State's records.
RTICLE V: Effective date, if other than the an effective date is listed, the date must date of filing.) ate: If the date inserted in this block does a document's effective date on the Depart TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a I am aware that any constitutes a third desired.	be specific and cannot be more than five business days prior to or 90 days inot meet the applicable statutory filing requirements, this date will not be list ment of State's records.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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