21700037015

(Re	equestor's Name)	.
(Äd	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	? #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
,	,	,
(Do	cument Number)	
,	,	
Certified Copies	Certificates	of Status
Octimed dopies		- Or Otates
Special Instructions to	Filing Officer	
	.	

Office Use Only

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

STERLING HOM	E CLOSINGS	AND	
NOTARY, LLC			··.
···········			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		1	Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: BA	6/27/17		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC II Retrieval
Walk-In	_ Will Pick U	Гр	Courier

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Sterling Home Closings and Notary, LLC
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Lynda L. Bowsher
	Name of Person
	Sterling Home Closing and Notary, LLC
	Firm/Company
	180 Edge of Woods Road
	Address
	St Augustine, FL 32092
	City/State and Zip Code lynda_bowsher@yahoo.com
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Mark Bowsher 904 315-7133 at () Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
]\$125.0 01	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

/Mi	st contain the words "Limited Lish	oility Company, "L.L.C.," or "LLC.")	
	at committee words. Eliminos Elia	mity company, bibles, or bibe.	
ICLE II - Address: nailing address and s	treet address of the principal office	e of the Limited Liability Company is:	
P	rincipal Office Address:	Mailing Add	iress:
		180 Edge of Woods Road	
180 Edge of V		Too trake of woods Road	
St Augustine, CLE III - Registere imited Liability Cor r business entity wi	FL 32092 ed Agent, Registered Office, & R	St Augustine, FL 32092 legistered Agent's Signature: listered Agent. You must designate an in	ndividuat
St Augustine, CLE III - Registere cimited Liability Cour business entity wi	FL 32092 ed Agent, Registered Office, & Registered office, & Registered office, & Registered active Florida registration.) street address of the registered age	St Augustine, FL 32092 legistered Agent's Signature: listered Agent. You must designate an in	ndividual
St Augustine, CLE III - Registere Limited Liability Court business entity wi	FL 32092 ed Agent, Registered Office, & Registered office, & Registered office, & Registration.)	St Augustine, FL 32092 egistered Agent's Signature: istered Agent. You must designate an in	ndividuat
St Augustine, CLE III - Registere Limited Liability Con tr business entity wi	FL 32092 ed Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Mark W. Bowsher	St Augustine, FL 32092 egistered Agent's Signature: istered Agent. You must designate an in nt are:	ndividu a f
St Augustine, CLE III - Registere Limited Liability Con tr business entity wi	FL 32092 ed Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Mark W. Bowsher Na	St Augustine, FL 32092 egistered Agent's Signature: istered Agent. You must designate an in nt are:	ndividual
St Augustine, CLE III - Registere Limited Liability Con tr business entity wi	FL 32092 ed Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Mark W. Bowsher Na 180 Edge of Woods Road	St Augustine, FL 32092 egistered Agent's Signature: istered Agent. You must designate an in nt are:	ndividuat

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Lynda L. Bowsher
	180 Edge of Woods Road
	St Augustine, FL 32092
AMBR	Mark W. Bowsher
	180 Edge of Woods Road
	St Augustine, FL 32092
-	
(Use attachment if necessary) E.V: Effective date, if other than the date of	of filing: July 1, 2017 (OPTIONAL)
LEV: Effective date, if other than the date of fective date is listed, the date must be spe of filing.)	of filing: July 1, 2017 (OPTIONAL) cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not f State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not intrinent's effective date on the Department of LE VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not f State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not in iment's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not f State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not intrinent's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false in the contract of the contr	eet the applicable statutory filing requirements, this date will not f State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not in irrient's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute 1 am aware that any false in the content of the conten	eet the applicable statutory filing requirements, this date will not f State's records. L. Brown The presentative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)