## L14000231894

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900319245919

900319245919 10/03/18--01002--009 \*\*160.00

18 OCT -2 PM 4:

CEIVED 2018

THE STATES

FILEO

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: STURGIL ENTERPRISES LLC.  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
17521 Frank and Margret Land
Tallahassee FL 323/0
E-mail address: (to be used for future annual report notification)  City/State and Zip Code  Store ', Is golden i clea expense.'. Cong
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S160.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address  New Filing Section  Street Address  New Filing Section

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	R	TI	C	LE	l	-	N	a	m	e	:
---	---	----	---	----	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

STURGED ENTERPRISES LLC,
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
17521 Frank and Museral Lane Tallahussell Fe 32310	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TVCKET Bohling

Name

17521 Frank and Margnet Lane

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

Tallahassa FL 323/0

City State Zip

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ON OCT -2 PH 4: 33 JULINETARY\_UP\_STATE

FILED

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  for Me ( MG)	TUKEV Boh Ime 17571 Frant or-Margie 1 Laure Tallah 95506 TE 323/(
(Use attachment if necessary)	
an effective date is listed, the date must be	date of tiling:
ote: If the date inserted in this block does n	
e date of filing.) ote: If the date inserted in this block does n e document's effective date on the Departm RTICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed tent of State's records.
ote: If the date inserted in this block does nee document's effective date on the Departm	
ote: If the date inserted in this block does not document's effective date on the Departm	
ote: If the date inserted in this block does not document's effective date on the Departme RTICLE VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is explain aware that any	

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)