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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

\*\*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. STERLING BEST SEALED FLORIDA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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#### COVER LETTER

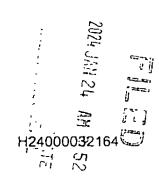
TO: New Filing Section Division of Corporations
SUBJECT: Sterling Best Sealed Florida LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Capitol Services - Corporate Filings Team
Firm/Company
515 East Park Avenue 2nd FI
Address
Tallahassee, FL 32301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
<sub>at (</sub> 855 , 498 - 5500
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certificate &

### Mailing Address

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

### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sterling Best Sea	led Florida LLC
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9798 SE Maricamp Road, Ocala Florida 34472	9798 SE Marlcamp Road, Ocala Florida 34472
ARTICLE III - Registered Agent, Registered Office. & Regis (The Limited Liability Company cannot serve as its own Register	
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent at	re:
Capitol Corporate Se	rvices, Inc.
Name	

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..

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

State

Tallahassee FL 32301

Krista Abair, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000032164

Title:	Name and Address:	
'AMBR" = Authorized M 'MGR" = Manager	lember	
MGR	Sterling K. Combs	
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	5750 GE Walldamp Hoad, God	ala i londa 54472
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