

# L10000088173

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

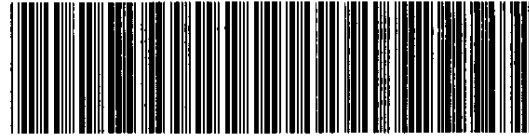
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2010 AUG 20 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 23 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section**

**Division of Corporations**

**SUBJECT: STIC Business Solutions, L.L.C**

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:

**Clive A. Ricketts**

Name of Person

**STIC Business Solutions, L.L.C**

Firm/Company

**PO Box 600553**

Address

**Saint John's, FL 32260**

City/State and Zip Code

**sticsolutions@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Clive A. Ricketts (904) 201-9148**

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

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**STIC Business Solutions, L.L.C**  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
<b>1800 Manchester Court So</b>	<b>PO Box 600553</b>
<b>Saint John's, FL 32259</b>	<b>Saint John's, FL 32260</b>

**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:

**Clive A. Ricketts**  
Name

**1800 Manchester Court So**  
Florida street address (P.O. Box NOT acceptable)

**Saint John's, FL 3259**  
City, State, and 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 608, F.S..

  
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:  
"MGR" = Manager  
"MGRM" = Managing Member

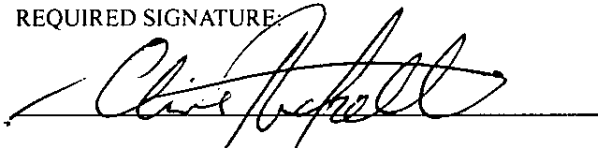
<b>President</b>	<b>Clive A. Ricketts</b> <b>1800 Manchester Court So</b> <b>Saint John's, FL 32259</b>
<b>Chief Financial Officer</b>	<b>Jamela Bryant</b> <b>4435 Touchton Road E Apt 632</b> <b>Jacksonville, FL 32246</b>
<b>Chief Operations Officer</b>	<b>Tunu Matthew-Ricketts</b> <b>1800 Manchester Court So</b> <b>Saint John's, FL 32259</b>

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Clive A. Ricketts**

Typed or printed name of signee

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)  
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