(((H220001854543)))

(shown below) on the top and bottom of all pages of the document.



H220001854543ABC+

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone

: (800)906-9220

Fax Number

: (800)906-9880

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

13	4.4	
rmaıı	Address:	

## FLORIDA LIMITED LIABILITY CO.

Sterling McDavid, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR	RFLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Sterling McDavid, 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:
235 W 75th Street, #505	1 Collins Avenue Apt 308
New York, NY 10023	Miorni Beach, FL 33139
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration of the registered and the Florida street address of the registered and t	m Registered Agent. You must designate an individual or ion.)
_	
Sterling McDavid	Name
	наше

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

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

I Collins Avenue Apt 308

Miami Beach

City 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 dutles, and I

> Sterling McDavid Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

(((H22000185454 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Sterling McDavid Co A. Tucker 295 Madison Ave, Ste 1010 New York, NY 10017
(Use attachment if necessary)	
TCLE V: Effective date, if other than the confective date is listed, the date must be late of filing.)  E: If the date inserted in this block does not document's effective date on the Departm	date of filing: (OPTIONAL)  a specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed tent of State's records.
TCLE V: Effective date, if other than the confective date is listed, the date must be late of filing.)  E: If the date inserted in this block does not document's effective date on the Departm TCLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be lister
FIGLE V: Effective date, if other than the confective date is listed, the date must be date of filing.)  E: If the date inserted in this block does not document's effective date on the Departm FIGLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed tent of State's records.
FICLE V: Effective date, if other than the on effective date is listed, the date must be date of filing.)  e: If the date inserted in this block does not document's effective date on the Departm  FICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  This document is ex.  I am aware that any file.	e specific and cannot be more than five business days prior to or 90 days aft not meet the applicable statutory filing requirements, this date will not be listed

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