

L03 0000 31487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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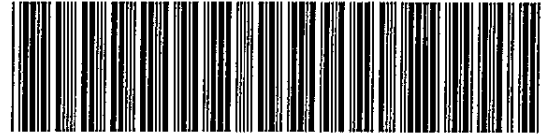
(Business Entity Name)

(Document Number)

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L03-31487  
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUN TRUST 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:

Al NAMIANDEH  
(Name of Person)

SUN TRUST LLC  
(Firm/Company)

160 PADDOCK LANE  
(Address)

WEST PALM BEACH, FL. 33413  
(City/State and Zip Code)

For further information concerning this matter, please call:

Al Namiandeh at (561) 649-2442  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: SUN TRUST 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:**

160 Paddock Lane  
WEST PALM BEACH, FL 33413

SAME


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

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

AL NAMAIANDEH  
Name

160 Paddock Lane  
Florida street address (P.O. Box **NOT** acceptable)  
WEST PALM BEACH, FL 33413  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DUANE A. ZINN  
11480 62<sup>nd</sup> LANE, N.  
West Palm Beach, FL 33412

MGRM

FRANCIS J. STEVENSON  
6580 BROOKHURST CIR.  
LAKE WORTH, FL 33463

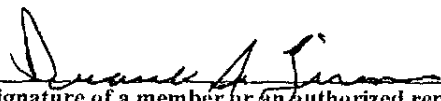
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

Duane A. Zinn  
\_\_\_\_\_  
Typed or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)

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 09/11/20 PM 11:15  
 CLERK OF STATE  
 TALLAHASSEE FLORIDA