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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations Sunshine Capital Trust LLC SUBJECT: (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: Zalteck Inc. - Manager (Name of Person) Zalteck inc. (Firm/Company) P.O.Box 616888 (Address) Orlando, Florida 32861-6888 (City/State and Zip Code) For further information concerning this matter, please call: Zul Dossa (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy

STREET ADDRESS:

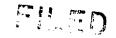
Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(additional copy is enclosed)

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION **FOR**



FLORIDA LIMITED LIABILITY COMPANY.... 15 P 19:22

Article I - Name:

The name of the Limited Liability Company is:

Sunshine Capital Trust LLC

Article II - Address:

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

Mailing address: P.O.Box 616888, Orlando Florida.32861-6888

Street Address: 7242 Branchtree Drive, Orlando, Florida.32835

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

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

Zalteck Inc Name

7242 Branchtree Drive, Orlando, Florida.32835 Florida street address (P.O. Box NOT acceptable)

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

Zalteck Inc. - President

| Article IV - Manager(s) or Managing Members(s): | | FILED | |
|--|--|---------------|--|
| The name and address of each Manager | or Managing Member is as follows: | 12.139 | |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | 72 17 15 PB | |
| MGRM | Zalteck inc 7242 Branchtree Drive | | |
| (Use attachment if necessary) NOTE: An additional article r | nust be added if an effective date is | s requested. | |
| REQUIRED SIGNATURE: | are. | | |
| (In accordance wi | ith Section 608.408(3), Florida Statutes, constitutes an affirmation under the penal ded herein are true.) | the execution | |
| | ZaLteck inc President Typed or printed name of signee | ; | |

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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)