

Division of Corporations

L10000090442

Florida Department of State
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.

(((H10000192119 3)))



H100001921193ABCV

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) 617-6383

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

Email Address: _____

RECEIVED
10 AUG 27 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
SUNSHINE FINANCIAL & INSURANCE SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

FILED
10 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

J. BRYAN

AUG 30 2010

EXAMINER

H100001921193

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

SUNSHINE FINANCIAL & INSURANCE SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SUNSHINE FINANCIAL & INSURANCE SERVICES, LLC.

ARTICLE II - ADDRESS

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

6355 NW 36 STREET SUITE # 500 VIRGINIA GARDENS, FL. 33166

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

PEDRO A. SOTOMAYOR

6355 NW 36 STREET SUITE # 500

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

VIRGINIA GARDENS, FL. 33166

City, State, and Zip

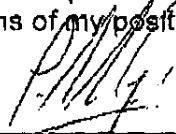
FILED 10 AUG 27 AM 8:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

H100001921193

H1 0000 192 1193

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

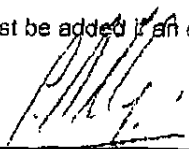
PEDRO A. SOTOMAYOR
6355 NW 36 STREET SUITE # 600
VIRGINIA GARDENS, FL. 33166

MANAGER

PAUL F. HARTMAN
6355 NW 36 STREET SUITE # 500
VIRGINIA GARDENS, FL. 33166

MANAGER

(An additional article must be added if an effective date is requested)



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.)

PEDRO A. SOTOMAYOR
Typed or printed name of signee

FILED
10 AUG 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H1 0000 192 1193