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| (Re                     | equestor's Name)   |             |
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| . PICK-UP               | ☐ WAIT             | MAIL        |
| , (Bu                   | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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**EXAMINER** 

# **GOVER LETTER**

| TO: Registration Section Division of Corporations                                  |   |
|--|---|
| SUBJECT: SUNKISSED ENTER   | TAINMENT GROUP, LLC   |
|  | TAINMENT GROUP, LLC  iited Liability Company  |
| The enclosed Articles of Organization and fee(s) ar                                |   |
| Please return all correspondence concerning this m                                 | atter to the following:   |
| MARIA ORTIZ  |   |
| WIN CONTROL  | Name of Person  |
|  |   |
|  | Firm/Company  |
| 1126 PENNSYLVANIA AV   |   |
|  | Address   |
| MIAMI BEACH, FL 33139  |   |
| ORTIZMARIA78@GMAIL.COM   | City/State and Zip Code   |
|  | d for future annual report notification)  |
| For further information concerning this matter, plea                               | ase call:   |
| MARIA ORTIZ  | at ( 305 ) 297-9872   |
| Name of Person   | Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:                                      |   |
| \$125.00 Filing Fee \$\bigcup \frac{1}{30.00}\$ Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address  Registration Section  Division of Corporation                     | Street/Courier Address  Registration Section  Division of Corporations  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# SUNKISSED ENTERTAINMENT GROUP, LLC

(Must end with 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:

**Mailing Address:** 

1126 PENNSYLVANIA AVENUE #8

MIAMI BEACH, FL 33139

1126 PENNSYLVANIA AVENUE #8 MIAMI BEACH, FL 33139

### 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:

MARIA ORTIZ, ESQ.

Name

# 1126 PENNSYLVANIA AVENUE #8

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

MIAMI BEACH

\_. 33139

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)

(CONTINUED)

Page 1 of 2

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

JC\*\*

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

| "MGRM" = Managing M                  | Silioti   |
|--------------------------------------|---|
| MGR                                  | MARIA ORTIZ   |
|                                      | 1126 PENNSYLVANIA AVENUE #8                                     |
|                                      | MIAMI BEACH, FL 33139   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
|                                      |   |
| (Use attachment if necess            | ary)  |
| LE V: Effective date if o            | her than the date of filing: (OPTIONAL)                         |
| fective date is listed, the <b>c</b> | late must be specific and cannot be more than five business day |
| days after the date of fili          | ng.)  |
|                                      |   |
| REQUIRED SIGNATU                     |   |

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

> MARIA ORTIZ 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)