

L14000026499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

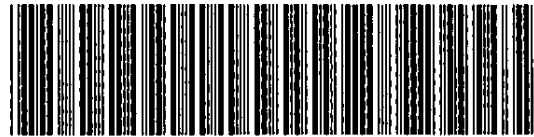
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 14 AM 10:52
CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 17 2014
D. BRUCE

**April Lickovitch
Sunshine Shack, LLC
655 Wednesbury Rd.
Alpharetta, FL 30022**

January 2, 2014

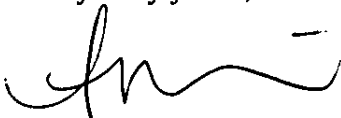
Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sunshine Shack, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



April Lickovitch
Sunshine Shack, LLC

Enclosures

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

check stapled here

ARTICLES OF ORGANIZATION

of

SUNSHINE SHACK, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Sunshine Shack, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

655 Wednesbury Rd.
Alpharetta, ~~FL~~ 30022
GA

The organization's mailing address shall be as follows:

655 Wednesbury Rd.
Alpharetta, ~~FL~~ 30022
GA

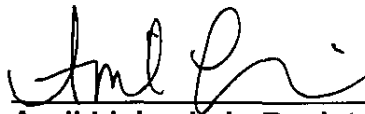
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ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

April Lickovitch
78 Cast Net Lane
Seacrest Beach, FL 32413

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.



April Lickovitch, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have two (2) managers initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

April Lickovitch
655 Wednesbury Rd.
Alpharetta, GA 30022

Gary Lickovitch
655 Wednesbury Rd.
Alpharetta, GA 30022

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ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

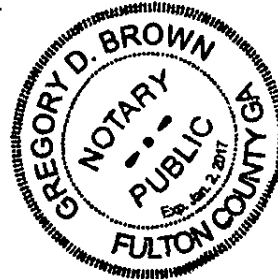
April Lickovitch
655 Wednesbury Rd.
Alpharetta, ~~GA~~ 30022
GA

ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 2nd day of January, 2014

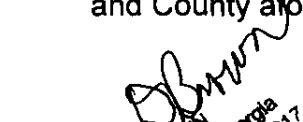

April Lickovitch

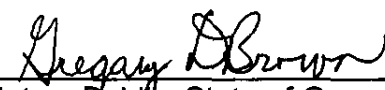


STATE OF GEORGIA
COUNTY OF Fulton

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared April Lickovitch, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 2nd day of January, 2014.


GREGORY D. BROWN
Notary Public, Fulton County, Georgia
My Commission Expires January 2, 2017
8 Feb 2014


Notary Public, State of Georgia at Large
My Commission Expires: 2 Jan 2017

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NOTARY OF STATE
FULTON COUNTY, GEORGIA