

LI4000181706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

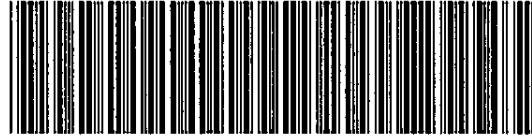
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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EFFECTIVE DATE

12/01/14

NOV 24 2014

BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ramsey 02, 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:

Keith B. Dermond
Name of Person

Sunrise Foods, LLC
Firm/Company

4520 Swilcan Bridge Lane N.
Address

Jacksonville, FL 32224-5617
City/State and Zip Code

kdermond@sunrisefoodsllc.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith B. Dermond at (904) 613-4756
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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:

Ramsey 02, 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:

Principal Office Address:

Mailing Address:

4520 Swilcan Bridge Lane N.
Jacksonville, FL 32224-5617

4520 Swilcan Bridge Lane N.
Jacksonville, FL 32224-5617

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:

Keith B. Dermond
Name

4520 Swilcan Bridge Lane N.
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32224-5617
City Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 605, F.S..

Keith B. Dermond
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 12/01/14

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager AMBR _____	Sunrise Foods, LLC 4520 Swilcan Bridge Lane N. Jacksonville, FL 32224-5617 _____
MGR _____	Keith B. Dermond 4520 Swilcan Bridge Lane N. Jacksonville, FL 32224-5617 _____
MGR _____	Bradley R. Dermond 213 Cypress Drive Santa Rosa Beach, FL 32459 _____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/1/2014. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Keith B. Dermond, Manager of Sunrise Foods, LLC
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)

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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