

118000001886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

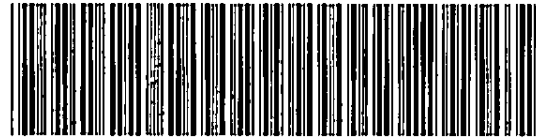
(Document Number)

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18 FEB 22 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SNOWMAN O  
FEB 23 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNBURST SHUTTERS TAMPA LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KURT TAYLOR

Name of Person

SUNBURST SHUTTERS TAMPA LLC

Firm/Company

10091 PARK RUN DRIVE SUITE 190

Address

LAS VEGAS, NV 89145

City/State and Zip Code

KTAYLOR@SUNBURSTSHUTTERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KURT TAYLOR

702

870-4488

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SUNBURST SHUTTERS TAMPA LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEVADA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4461942

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 13266 BYRD DRIVE, SUITE 200

(Street Address of Principal Office)

ODESSA, FL 33556

6. 10091 PARK RUN DRIVE SUITE

(Mailing Address)

LAS VEGAS, NV 89145

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

, Florida 33324

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Denise Bell

Denise Bell, Asst Secretary

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Dix Jarman

10091 Park Run Drive Ste 190  
Las Vegas, NV 89145

Manager

Kurt Taylor

10091 Park Run Dr Ste 190  
Las Vegas, NV 89145

Manager

Matthew Thelander

10091 Park Run Dr Ste 190  
Las Vegas, NV 89145

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kurt Taylor

Signature of an authorized person

Kurt Taylor, Manager

Typed or printed name of signer

STATE OF NEVADA

**BARBARA K. CEGAVSKE**  
Secretary of State

**KIMBERLEY PERONDI**  
Deputy Secretary  
for Commercial Recordings



OFFICE OF THE  
SECRETARY OF STATE

**Commercial Recordings Division**

202 N. Carson Street  
Carson City, NV 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138

KURT TAYLOR  
10091 Park Run Drive Suite 190  
LAS VEGAS, NV 89145

**Job: C20180221-1470**

February 21, 2018

**Special Handling Instructions:**

**Charges**

| Description                                    | Document Number | Filing Date/Time     | Qty | Price   | Amount  |
|------------------------------------------------|-----------------|----------------------|-----|---------|---------|
| Cert of Existence (good standing - short form) | 20180075494-20  | 2/19/2018 9:31:27 AM | 1   | \$50.00 | \$50.00 |
| Total                                          |                 |                      |     |         | \$50.00 |

**Payments**

| Type   | Description                   | Amount  |
|--------|-------------------------------|---------|
| Credit | 26383D 5192476358186339404084 | \$50.00 |
| Total  |                               | \$50.00 |

**Credit Balance: \$0.00**

**Job Contents:**

Web Certificate of Good Standing 1  
Short(s):

KURT TAYLOR  
10091 Park Run Drive Suite 190  
LAS VEGAS, NV 89145

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUNBURST SHUTTERS TAMPA LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 19, 2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 21, 2018.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Electronic Certificate  
Certificate Number: C20180221-1470  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: www.nvsos.gov



\*050106\*

## Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

|                                                              |                                                   |
|--------------------------------------------------------------|---------------------------------------------------|
| Filed in the office of<br><i>Barbara K. Cegavske</i>         | Document Number<br><b>20180075494-20</b>          |
| Barbara K. Cegavske<br>Secretary of State<br>State of Nevada | Filing Date and Time<br><b>02/19/2018 9:31 AM</b> |
|                                                              | Entity Number<br><b>E0084262018-4</b>             |

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>1. Name of Limited-Liability Company:</b><br>(must contain approved limited-liability company wording; see instructions) | <b>SUNBURST SHUTTERS TAMPA LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Check box if a Series Limited-Liability Company<br><input type="checkbox"/> | Check box if a Restricted Limited-Liability Company<br><input type="checkbox"/> |
| <b>2. Registered Agent for Service of Process:</b> (check only one box)                                                     | <input type="checkbox"/> Commercial Registered Agent:<br>Name<br><input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)<br><b>KURT TAYLOR</b><br>Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity<br><b>10091 PARK RUN DRIVE SUITE 190</b> <b>LAS VEGAS</b> <b>Nevada</b> <b>89145</b><br>Street Address City Zip Code<br><b>Nevada</b><br>Mailing Address (if different from street address) City Zip Code |                                                                             |                                                                                 |
| <b>3. Dissolution Date:</b> (optional)                                                                                      | Latest date upon which the company is to dissolve (if existence is not perpetual):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                 |
| <b>4. Management:</b><br>(required)                                                                                         | Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s)<br>(check only one box)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                 |
| <b>5. Name and Address of each Manager or Managing Member:</b><br>(attach additional page if more than 3)                   | <b>1) KURT TAYLOR</b><br>Name<br><b>10091 PARK RUN DRIVE SUITE 190</b> <b>LAS VEGAS</b> <b>NV</b> <b>89145</b><br>Street Address City State Zip Code<br><b>2) DIX JARMAN</b><br>Name<br><b>10091 PARK RUN DRIVE SUITE 190</b> <b>LAS VEGAS</b> <b>NV</b> <b>89145</b><br>Street Address City State Zip Code<br><b>3) MATTHEW THELANDER</b><br>Name<br><b>10091 PARK RUN DRIVE SUITE 190</b> <b>LAS VEGAS</b> <b>NV</b> <b>89145</b><br>Street Address City State Zip Code                                                                                                                         |                                                                             |                                                                                 |
| <b>6. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)                       | I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.<br><b>KURT TAYLOR</b> <b>X</b> <b>KURT TAYLOR</b><br>Name Organizer Signature<br><b>10091 PARK RUN DRIVE SUITE 190</b> <b>LAS VEGAS</b> <b>NV</b> <b>89145</b><br>Address City State Zip Code                                                                                                     |                                                                             |                                                                                 |
| <b>7. Certificate of Acceptance of Appointment of Registered Agent:</b>                                                     | I hereby accept appointment as Registered Agent for the above named Entity.<br><b>X</b> <b>KURT TAYLOR</b> <b>2/19/2018</b><br>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                 |

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 LLC Articles  
Revised: 10-1-15

# SECRETARY OF STATE



## LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **SUNBURST SHUTTERS TAMPA LLC** did on February 19, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 19, 2018.

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

Certified By: Electronic Filing  
Certificate Number: C20180219-0191  
You may verify this certificate  
online at <http://www.nvsos.gov/>



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 02-19-2018

Employer Identification Number:  
82-4461942

Form: SS-4

Number of this notice: CP 575 B

SUNBURST SHUTTERS TAMPA LLC  
KURT TAYLOR MBR  
10091 PARK RUN DR STE 190  
LAS VEGAS, NV 89145

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-4461942. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.