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City/State/Zip

Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

. SUNBURST PRODUCTION (Corporation Name)	(Document #)	-03/22/0101040015 ****130.00 ****130.00
(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
. (Corporation Name)	(Document #)	<del></del>
(Corporation Name)	(Document #)	
□ Walk in □ Pick up time   □ Mail out □ Will wait	Photocopy	Certified Copy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., O Change of Registered A Dissolution/Withdrawa Merger	Agent Siz N
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUAL  Foreign Limited Partnership Reinstatement Trademark Other	IFICATION :
	E	xaminer's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### Article I - Name:

The name of the Limited Liability Company is: Sunburst Productions LLC

#### Article II - Address:

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

3000 Carefree Blvd. #E12, Ft. Myers, FL 33917

## Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

## Gina A. Razete

Name

3000 Carefree Blvd. #E12

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

Ft. Myers, FL 33917

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

Article IV - Management: (Check box if applicable.)

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

(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.)

> Gina A. Razete Typed or printed name of signee

#### FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)