# 103000019846

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/D.	siness Entity Nan	
(Du	isiness Enuty Nan	пеј
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Opecial metroctions to 1 ming Officer.		
		ł
	•••	

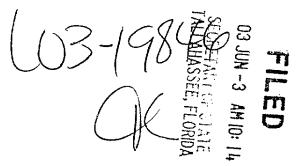
Office Use Only



300019162843

06/03/03--01039--003 \*\*155.00

03 JUN -3 AH 9: 40



## **CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Uaska Sun F	Froducts, Suc.	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search S
Signature		Fictitious Owner Search
J		Vehicle Search
		Driving Record
Requested by:	101-0 0.00	UCC 1 or 3 File
Name		UCC 11 Search
1 min	Date Thire	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### ARTICLES OF ORGANIZATION

OF

#### Alaska Sun Products, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

#### ARTICLE I - NAME:

The name of the limited liability company shall be:

Alaska Sun Products, LLC

#### **ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the company shall be:

Business Address 2630 Parma Street Sarasota, FL 34231

Mailing Address
P.O. Box 21193
Sarasota, FL 34276

#### ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

John E. Napolitano, Esquire 100 Wallace Avenue, Suite 240 Sarasota, Ft. 34237

Having been named as the registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, thereby 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.

John E Mapolitano, Esquire Registered Agent

### ARTICLE IV - MANAGEMENT (Check box if applicable.)

The Limited Liability Company is to be r and is, therefore, a manager - managed of	managed by one manager or more managers company.
Signature of Member	Marcene Signature of Member
(In accordance with section 608.408(3), Florid constitutes an affirmation under the penalties of	perjury that the facts stated herein are true.)
articles of organization in Sarasota, Florida, on thi	ed organizer has made and subscribed these is 2 <sup>nd</sup> day of June, 2003.
Charles Havelka, Manager	Moreune Melanie Greene, Manager
STATE OF FLORIDA COUNTY OF SARASOTA	
Sworn to and subscribed before me this 2 <sup>nd</sup> day of Greene, who is [ ] personally known to me or [ (Charles Havelka) Florida DL# G650-550-58-691-	X] produced Florida DL# H142-150-62-340-0
Kothleen Curtin MY COMMISSION # DD108599 EXPIRES ADTIL 14 2006 SCHOOL THAN TROY FAIN INSURANCE INC	Kalkhoon Cugating Notary Public - State of Florida
(Seal)	