

L030000 2292 3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

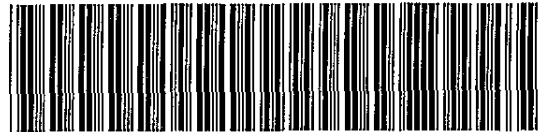
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000020688800

06/18/03--01027--011 \*\*160.00

FILED

03 JUN 18 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6/24  
WHS

Florida Department of Corporations:

Please find the enclosed application for Sunshine Legacy, LLC

Also a check for \$160.00 for Filing fees , Designation of registered Agent , certified copies and Certificate of Status.

Sandra Kuehn  
11127 SE 66 Terr.  
Bellevue, Florida 34420

352-245-5606  
Fax 352-307-4127  
Cell 352-812-3039

**FILED**  
03 JUN 18 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunshine Legacy, LLC

**ARTICLE II - Address:**

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

11127 SE 66 Terr. Belleview, FL 34420

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Sandra L. Kuehn

Name

11127 SE 66 Terr.

Florida street address (P.O. Box **NOT** acceptable)

Belleview FL 34420

City, State, and Zip

FILED  
03 JUN 18 AM 10:14  
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 608, F.S.*

Sandra L. Kuehn

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Sandra L. Kuehn

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.)

Sandra L. Kuehn

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)