

JAN-27-04, TUE 12:05 PM  
Division of Corporations

FAX NO.

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.  
Account Number : I20020000128  
Phone : (904) 356-6311  
Fax Number : (904) 356-7330

LIMITED LIABILITY COMPANY

Sunshine Embroidery, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing

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DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUNSHINE EMBROIDERY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2335 Bayview Road

Jacksonville, Florida 32210

**Mailing Address:**

2335 Bayview Road

Jacksonville, Florida 32210

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

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

Kathleen Holbrook Cold

Name

One Independent Drive, Suite 2301

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

Jacksonville,

FLORIDA 32202

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, Florida Statutes.*

Kathleen Cold

Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGM" = Managing Member

**Name and Address:**

MGM

Simona M. Croft

2335 Bayview Road

Jacksonville, Florida 32210

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

Simona M. Croft

Typed or printed name of signer

**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)

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