

L04000042486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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OFFICE OF CORPORATIONS  
04 JUN -1 PM 12:05

Effective to  
05/27/04

51

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SUNBURST MANAGEMENT SERVICES, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

CHARLES A. HOWARD  
P.O. BOX 470428  
LAKE MONROE, FL 32747-0428

For Further information concerning this matter, please call: CHARLES A. HOWARD at 407-402-0735.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
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ARTICLES OF ORGANIZATION  
OF  
SUNBURST MANAGEMENT SERVICES, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: SUNBURST MANAGEMENT SERVICES, LLC.

ARTICLE II - ADDRESS


The physical street address of the principal office of the Limited Liability Company is 1104 Amanda Kay Circle, Sanford, Florida 32771.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

<u>NAME</u>	<u>ADDRESS</u>
CHARLES A. HOWARD	1104 AMANDA KAY CIRCLE SANFORD, FL 32771

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.

  
\_\_\_\_\_  
CHARLES A. HOWARD

EFFECTIVE DATE  
05/27/04

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**ARTICLE IV - MANAGEMENT**


The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
President:	CHARLES A. HOWARD 1104 AMANDA KAY CIRCLE SANFORD, FL 32771
Secretary:	CHARLES A. HOWARD 1104 AMANDA KAY CIRCLE SANFORD, FL 32771
Treasurer:	CHARLES A. HOWARD 1104 AMANDA KAY CIRCLE SANFORD, FL 32771

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**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be May 27<sup>th</sup>, 2007.

  
\_\_\_\_\_  
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.)

CHARLES A. HOWARD  
Printed name of signee

**Filing Fees:**

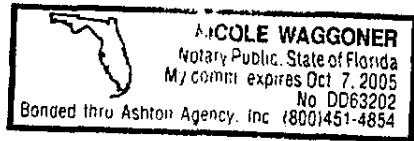
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)


IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 27 day of May, 2004.

  
\_\_\_\_\_  
CHARLES A. HOWARD

STATE OF FLORIDA     )  
                                  )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this day of May, 2004, by CHARLES A. HOWARD, who is personally known to me or who has produced driver's license as identification and who did take an oath. FL DL #H630-141-63-125-6




  
\_\_\_\_\_  
Notary Public, State of Florida  
At Large

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CORPORATIONS  
05/27/04 PM 12:05

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

  
\_\_\_\_\_  
CHARLES A. HOWARD

DATE: 5/27/04