## W4000048960

(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNShine CONCILTGE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathleen McDonough
(Name of Person)

Sunshine Concierge, LLC
(Firm/Company)

572 Orange Dy #63
(Address)

Altamonte Springs, FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen McDonaugh at 407 830-7985 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Junshine Concier	ge, LLC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
572 Orange Dr. #63	50 Orange Dr. #63
572 Orange Dr. #63 Altamonte Springs	Altamonte Springs
FL 32701	FL 32701"
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere  Kathleen McDo	d agent are:
572 Orange Dr. Florida street address (P.O. Box N	#63
Altaminte Springs, FL City, State, and Zip	ORIDA 3070/

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kathleen McDonough 572 orange Dr. #63 Altamonte Springs, FL 3270
-	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Katel	Muder
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
<u>Kathlee</u>	n McDonough r 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)