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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Sunshine Partners of Florida, 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:	
R. Ellen Avellino, Esq.	**
(Name of Person)	
Avellino and Avellino, Esqs.	_ 5
(Firm/Company)	DIVISION OF CORPORATIONS O4 JULY-2 PM 1:55
	0.5
30 Washington Avenue	
(Address)	الم الم
	~ 399°
Greenwich, Connecticut 06830	= 99
(City/State and Zip Code)	
	55 8
For further information concerning this matter, please call:	
R. Ellen Avellino, Esq. at (203) 869 8506	
(Name of Person) (Area Code & Daytime Telephone Number)	
(and a second s	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

409 E. Gaines Street
Tallahassee, Florida 32399

100. ON Film flex

25.00 Design

Employed #125.00 Hotel

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sunshine Partners of Florida, LLC	A STATE OF THE STA
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Sunshine Partners of Florida, LLC	Sunshine Partners of Florida, LLC
3601 South Flagler Drive	3601 South Flagler Drive
West Palm Beach, Florida 33405	West Palm Beach, Florida 33405
The name and the Florida street address of the	d Office, & Registered Agent's Signature pregistered agent are:
Shirley A. Mueller, Esq.	the state of the s
**	e e e e e e e e e e e e e e e e e e e
Name	
Name	
3601 South Flagler Drive	O. Box NOT acceptable)

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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGRM	Shirley A. Mueller, Esq. 3601 South Flager Drive West Palm Beach, Florida 33405	
	West Failt Deadt, Florida 30400	
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(Use attachment if necessary)		Shorts
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	Mille	

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)

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

Typed or printed name of signee

that the facts stated herein are true.)

Shirley A. Mueller, Esq.