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## **Sunny Days LLC**

2590 SW Abney Street Port Saint Lucie, FL 34953 772-343-0934

July 29th, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Gentlemen:

Enclosed please find Articles of Organization for Limited Liability Company of Sunny Days LLC.

Find attached our check in the amount of \$130.00 to cover:

Since we now need to establish bank accounts as well as apply for a Federal English tearliest reply will be deeply appreciated.

Please forward reply to our tax preparer as follows:

Tax Resolutions LLC P.O. Box 7565 Port Saint Lucie, FL 34985

A self-addressed envelope is enclosed herewith.

Sincerely,

Rosalind Smith

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

#### ARTICLE 1 Name:

The name of the Limited Liability Company shall be:

# **Sunny Days LLC**

#### **ARTICLE II - Address:**

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

Mail: 2590 SW Abney Street, Port Saint Lucie, FL 34953

Street: 2590 SW Abney Street, Port Saint Lucie, FL 34953

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

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

Rosalind Smith 2590 SW Abney Street Port Saint Lucie, FL 34953

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..

(Registered Agent's Signature)

#### ARTICLE IV - Management (check box if applicable)

The Limited Liability Company is to be managed by one or more managers and is, therefore, a managed company.

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

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 penalty of perjury that the facts stated herein are true.)

Rosalind Smith

Typed or printed name of signee

# ARTICLE V

### **OFFICERS:**

President:

Rosalind Smith 2590 SW Abney Street Port Saint Lucie, FL 34953

Treasurer:

Rosalind Smith 2590 SW Abney Street Port Saint Lucie, FL 34953

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