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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Capital Trust 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:

Zalteck Inc. - Manager
(Name of Person)

Zalteck inc.
(Firm/Company)

P.O.Box 616888
(Address)

Orlando, Florida 32861-6888
(City/State and Zip Code)

For further information concerning this matter, please call:

Zul Dossa at (407) 924-5820
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED

2015 FEB 22

11:17 AM

Article I - Name:

The name of the Limited Liability Company is:

Sunshine Capital Trust LLC

Article II - Address:

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

Mailing address: P.O.Box 616888, Orlando Florida.32861-6888

Street Address: 7242 Branchtree Drive, Orlando, Florida.32835

Article III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Zalteck Inc

Name

7242 Branchtree Drive, Orlando, Florida.32835

Florida street address (P.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, F.S.



Registered Agent's Signature
Zalteck Inc. - President

Article IV - Manager(s) or Managing Members(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Zalteck inc
7242 Branchtree Drive

FILED

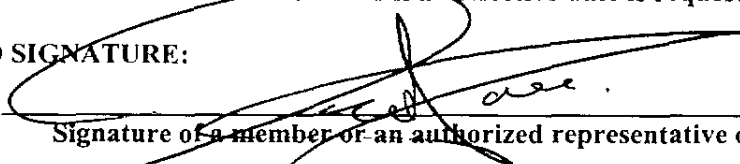
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CLERK OF COURT
HALL COUNTY, FLORIDA

(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.)

Zalteck inc. - President

Typed or 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)