

104000089247

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000240682 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : MICHAEL A. PYLE, P.A.
Account Number : I20000000053
Phone : (386)615-9007
Fax Number : (386)676-2615

RECEIVED

04 DEC -9 PM 12:56

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

FLORIDA SUNSPRAY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

104-89247
gh

**ARTICLES OF ORGANIZATION
OF
FLORIDA SUNSPRAY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I

NAME

The name of the Limited Liability Company is **FLORIDA SUNSPRAY, LLC.**

**ARTICLE II
ADDRESS**

The street address of the principal office of the Company is **25 River Ridge Trail, Ormond Beach, Florida 32174**, and the mailing address is **P.O. Box 731734, Ormond Beach, Florida 32173-1734.**

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is **Tracy Vanacore, 25 River Ridge Trail, Ormond Beach, Florida 32174.**


IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 12th day of November, 2004.


TRACY VANACORE

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 12th day of November, 2004, by **TRACY VANACORE** who ☒ is personally known to me, or ☐ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.




Notary Public

(Printed Name)
My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.


TRACY VANACORE, Registered Agent

SEP 21 2004
TALLAHASSEE, FLORIDA

SEP 21 2004

FILED