# L05000035100

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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sun Kissed Cuisine (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:
Russell C. Parker (Name of Person)
(Firm/Company)
(Firm/Company)  Po. Box 97-25/2  (Address)
(Address)
Miami, FL 33197 (City/State and Zip Code)
For further information concerning this matter, please call:
Panela Simmons at (305) 298-5822 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee & Certificate of Status  ☐ \$155.00 Filing Fee & Certificate of Status  ☐ \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  MAILING ADDRESS:  Registration Section  Division of Corporations  Division of Corporations  P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 24, 2005

RUSSELL C. PARKER PO BOX 972512 MIAMI, FL 33197

SUBJECT: SUN KISSED CUISINE Ref. Number: W05000015226



We have received your document for SUN KISSED CUISINE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 005A00020360

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Sun kissed Cusine II.C. **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Compa Principal Office Address: Mailing Address: 20700-Leeward Lone P.O. Box 972572 Miomi, FL- 33189 Miomi, FL 33197 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Russell Parker Name 20700 Leeward Lane

Florida street address (P.O. Box NOT acceptable)

Midmi FL 33189

City, State, and Zip

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

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

(CONTINUED)

7. ¥ (4)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Russell Parker E E 20700 Leeword Lone E E Midmi, FL 33189 E
	Midmi, FL 33189
MGRM	Panela Simmons Signature Mani, FL. 33(89)
	Total PL: 33:01 SET
	7 J
(Use attachment if necessary)	-
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a memi	per or an authorized representative of a member.
(In accordance with s of this document come that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Russell	Parker

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee