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(((H050001187003)))

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Division of Corporations

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: (850)205-0383

From:

Account Name : Florida Research & Filing Services, Inc.

Account Number : 120030000083 Phone : (850)656-6446

Fax Number : (850)942-6446

## LIMITED LIABILITY COMPANY

Sunshine Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/2005

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## TRANSMITTAL LETTER

	Registration Section Division of Corporations
SUBJEC	T: Sunshine Properties, LLC
	(Name of Limited Liability Company)
The enclo	esed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Deborah McBride
	(Name of Person)
	Garfield Mere!
	(Firm/Company)
22	23 W. Jackson Blvd., Ste. 1010
	(Address)
	Chicago, IL 60606
	(City/State and Zip Code)
For furthe	er information concerning this matter, please call:
Deborah	McBride ~ 312

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sunshine Proper	rties, LLC		
ARTICLE II -	Address:		
The mailing ad	dress and street address	s of the principal office of the Limited Liability Com-	any
Principal Offic	ce Address:	Mailing Address:	
511 California Av	renue. NE	same	
Palm Bay, FL 3	2907		
A POST OF YOU			
		legistered Office, & Registered Agent's Signature:	
		legistered Office, & Registered Agent's Signature: ss of the registered agent are:	
	the Florida street addre		
		ss of the registered agent are:	
	the Florida street addre		
	the Florida street addre	ss of the registered agent are:	-
	NRAI Services, Inc. 2731 Executive Pari	ss of the registered agent are:	
	NRAI Services, Inc.  2731 Executive Pari	Name  Name  K Drive, Suite 4  Address (P.O. Box NOT acceptable)	-
	NRAI Services, Inc.  2731 Executive Pari  Florida street a	Name  k Drive, Suite 4  soldress (P.O. Box NOT acceptable)  FLORIDA 33331	-
The name and t	NRAI Services, Inc.  2731 Executive Pari Florida street a  Waston	Name  K Drive, Suite 4  Address (P.O. Box NOT acceptable)  FLORIDA 33331	
The name and the n	NRAI Services, Inc.  2731 Executive Pari Florida street a  Weston  Cregistered agent and to a	Name  Name  K Drive, Suite 4  Address (P.O. Box NOT acceptable)  FLORIDA 33331  City, State, and Zip  accept service of process for the above stated limited lie	abilta.
The name and the been named as in my at the place do	NRAI Services, Inc.  2731 Executive Pari Florida street a  Weston  Cregistered agent and to a  seignated in this certifica	Name  Name  k Drive, Suite 4  address (P.O. Box NOT acceptable)  FLORIDA 33331  City, State, and Zip  accept service of process for the above stated limited liester, I hereby accept the appointment as registered often	ibilty t ånd
The name and to been named as in the place do act in this capace	NRAI Services, Inc.  NRAI Services, Inc.  2731 Executive Pari Florida street a  Weston  Cregistered agent and to a seignated in this certificatity. I further agree to ca	Name  Name  k Drive, Suite 4  address (P.O. Box NOT acceptable)  FLORIDA 33331  City, State, and Zip  accept service of process for the above stated limited licate, I hereby accept the appointment as registered agent omply with the provisions of all statutes relating to the	ibility t ånd orope
The name and the been named as the place do act in this capace mplete performa	NRAI Services, Inc.  NRAI Services, Inc.  2731 Executive Part Florida street a  Weston  Cregistered agent and to a  esignated in this certificative. I further agree to cance of my duties, and I a	Name  Name  k Drive, Suite 4  address (P.O. Box NOT acceptable)  FLORIDA 33331  City, State, and Zip  accept service of process for the above stated limited liester, I hereby accept the appointment as registered often	ibility t ånd orope

Page 1 of 2 (CONTINUED)

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## H05000118700

<u>tle:</u>  GR" = Manager  GRM" = Managing Member	Name and Address:
GRM	Christopher Camplon 511 California Avenue, NE Palm Bay, FL 32907
Use attachment if necessary)	

Agnature of a maintier or an authorizon representative of a maintier.

(In accordance with abortion 506: (663), Frontier Souther, the exemption of this document constitutes as affirmation study the population of perfeny than the thirty study bearing the unas)

Christopher Compian Typed of principal of algaes

Illing Press
\$100:50 Riving Fee for Articles of Organization
\$ 1000 Datignation of Registered Agent
\$ 30.00 Corridon Copp (Optional)
\$ 3.00 Condition of Status (Optional)

Eage 2 of 2

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