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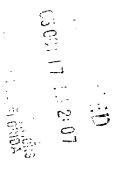


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## **COVER LETTER**

TO: Registration Division of 0			
SUBJECT:	JUNSHINE SCRE	ENING LLC	
<del></del>	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	shmitted for filing	
	spondence concerning this matte	_	EFFECTIVE DA
	-	•	
k,	ASHWAR SINGH		
- · · · -	(	Name of Person)	
			17 CS
<del></del>	(	Firm/Company)	OS OCT 17 PH 2: 10
100 -	\ C		1 17 9 2: 10 HASSEE FLOW
16907	Sarahis Place	# 205 (Address)	
		(Addices)	
Clern	nent FL 3	State and Zip Code)	0,000
	(City)	State and Zip Code)	
For further information	n concerning this matter, please of	eall:	
1-0-0-0	5	11/.0	727,
KASHWAF (Nan	SINGH ne of Person)	(Area Code & Daytime Tel	ephone Number)
•	,	,	,
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fed	\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SUN SHINE SCREENING, LLC (Must end with the words "Limited Liability Company, "Limited Company"	or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:		
Principal Office Address: Mailing	Address:		
16907 Sarah's Place#205 Clermont FL 34714 SA	ME ES		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. You business entity with an active Florida registration.)  The name and the Florida street address of the registered agent.	ou must designate an individual or another		
OMESH PERTOB			
16907 Sarah's Place #205 Florida street address (P.O. Box NOT acceptable)			
Clermon + FL 3 City, State, and Zip	4714		
Having been named as registered agent and to accept serve liability company at the place designated in this certific registered agent and agree to act in this capacity. I furth all statutes relating to the proper and complete performand accept the obligations of my position as registered ag	ate, I hereby accept the appointment as er agree to comply with the provisions of unce of my duties, and I am familiar with		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	· · · · · · · · · · · · · · · · · · ·
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	KASHWAZ SINGH 16907 Sarah'S Place #205 Clarmont FL 34714
MGRM	OMESH PERTOB 16907 Sarahis Place #205 Clermont FL 34714
(Use attachment if necessary)	
	date of filing: 10-17-2005. (OPTIONAL) be specific and cannot be more than five business days
Signature of a member	or an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
KASHUNE Type	Sinch d or printed name of signee
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)