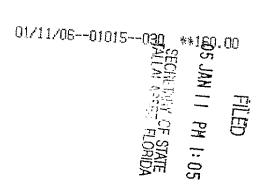
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only	M





# **COVER LETTER**

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SUBJECT:	EUROS	SUNSHINE LLC (Name of Limite	d Liability Comp	any)	<u> </u>	_
		<b>(</b>		<b>-</b> ,		
The enclosed	Articles of	Organization and fee(s) are s	ubmitted for filin	g.		
Please return a	all corresp	ondence concerning this matte	er to the following	g:		
DAN	MIRC	EA MILITARU				
			Name of Person)			<del></del>
			(Firm/Company)			
681 <sup>-</sup>	3 FI AM	ME ST.				
		VIZ 01.	(Address)			
ODI	4 > 1 - 2	. =: 05:51				
ORL	AND	), FLORIDA 3280		1		
		(City	/State and Zip Cod	ie)		
For further inf	formation (	concerning this matter, please	call:			表型
		3				20 € 10 €
DAN MIR			at ( 407	<u>)</u> 587 - 99	28 gelephone Number)	333 -
	(Name	of Person)	(Area Co	de & Daytime T	elephone Number)	第 05
Enclosed is a	check fo	r the following amount:				
□ \$125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	ру	\$160.00 Fili Certificate of S Certified Copy (additional copy is	tatus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I 2661 Ex	Courier Addrestion Section of Corporation Building secutive Center see, FL 32301	ns Circle	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

EUROSUNSHINE 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 office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
6813 FLAME ST., ORLANDO, FL., 32807 6813 FLAME ST., ORLANDO, FL., 32807
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
DAI WIII COLA WIELTANO
Name $\chi m \sim S$
6813 FLAME ST.
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32807  City, State, and Zip
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

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	DAN MIRCEA MILITARU	
	6813 FLAME ST., ORLANDO, FL, 32807	
MGRM	VIOLETA MILITARU	
	6813 FLAME ST., ORLANDO, FL, 32807	-
	AS S	<u>,,</u>
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/II	<u> </u>	
(Use attachment if necessary)		
CLE V: Effective date, if other the	an the date of filing:(OPTIONAL)	
enecuve date is fisied, the date n	nust be specific and cannot be more than five business days prior	

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.)

DAN MIRCEA MILITARU

Typed 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)