LOWDOWN771

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

Office Use Only



300076626683

07/03/06--01026--013 **130.00

SECRETARY OF SINIE

S 11 2 AN Q:



COVER LETTER

TO:	Registration Solvision of Co				
SUBJI	ECT: Sunst	nine Delivery and H			
		(Name of Limite	d Liability Compa	iny)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	ζ.	
Please	return all corresp	ondence concerning this matte	er to the following	; :	
	Gina Wa	nta			
	<u> </u>		Name of Person)		
	Waota In	vestments			
			Firm/Company)		
	9414 Go	odman Court			
			(Address)		
	Elk Grov	e, CA 95624			
			State and Zip Code	:)	
F 6	41	· d· · · ·	11		
r or tur	ther information	concerning this matter, please	can:		
Gina Waota			at (916 (Area Code	<u>577-13</u>	49
	(Name	e of Person)	(Area Code	e & Daytime To	elephone Number)
Enclos	sed is a check for	or the following amount:			
\$125	i.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	у	\$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	Registration Division of Clifton B 2661 Exe	ourier Address on Section of Corporation uilding cutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Sunshine Delivery and Hauling Service, LI (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 print	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2621 SW 37th Ter Cape Coral, FL 33914	2621 SW 37th Ter Cape Coral, FL 33914				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another				
Joseph J. Desmorenes Name					
2621 SW 37th Ter Florida street addr	2621 SW 37th Ter Florida street address (P.O. Box NOT acceptable)				
Cape Coral, City, State, an	FL 33914 d Zip				
Having been named as registered agent and to a	ccept service of process for the above stated limited				

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Joseph J. Desmornes
	2621 SW 37th Terr
	Cape Coral, FL 33914
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
(If an effective date is listed, the date mo	ust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
lande	d 2
Signature of a m	mber or an authorized representative of a member.
	ith section 608.408(3), Florida Statutes, the execution
of this document that the facts st	constitutes an affirmation under the penalties of perjury ated herein are true.)
Joseph J. De	smornes ,
<u></u>	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)

Page 2 of 2

PILED

OF JUL = 3 AM 9: 39

SECRETARY OF STATE