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PICK-UP	 WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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TO: Registration Se Division of Con					
SUBJECT: Sunrigh	nt, LLC		,		
	(Name of Limite	d Liability Cor	mpany)		
	f Organization and fee(s) are so		_		
Dean A. Se	eitz				
,	(Name of Person)		
Sunright, L	LC				
*****	((Firm/Company))		
2155 Autu	mn View Drive				
		(Address)			
Orlando,	FL 32825				
	(City	/State and Zip C	ode)		
For further information of	concerning this matter, please	call:			
Dean A. Seitz		_{at (} 321	, 202-910	6	Z X 8
(Name	of Person)		Code & Daytime T	elephone Number)	ASS ASS
Enclosed is a check fo	or the following amount:				TABY C
\$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & copy opy is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enco	AGI PE
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto	t/Courier Addrestration Section ion of Corporation Building Executive Center	ns	

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Sunright, 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:** 2155 Autumn View Drive 2155 Autumn View Drive Orlando, FL 32825 Orlando, FL 32825 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: Dean A. Seitz Name 2155 Autumn View Drive Florida street address (P.O. Box NOT acceptable) Orlando, FL 32825 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Dean A. Seitz	
<u> </u>	2155 Autumn View Drive	
	Orlando, FL 32825	
MGRM	Deborah G. Seitz	
	2155 Autumn View Drive	
	Orlando, FL 32825	
		
		
(Use attachment if necessary)	TALL SEC	V 90
LE V: Effective date, if other than	the date of filing: (OPTION	ALF
ffective date is listed, the date mu	st he specific and cannot be more than five business da	ys.pri
days after the date of filing.)		
	LOR TO LOR	=
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·	24:11#A
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De	on a. Seits	
Signature of a me	mber or an authorized representative of a member.	
of this document of	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury	
that the facts sta	ted herein are true.)	

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)

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

Typed or printed name of signee