

L 07000008654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

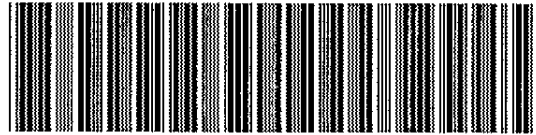
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DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED

07 JAN 24 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 725667 4307993

AUTHORIZATION :

Heather Chapman

COST LIMIT : \$ 125.00

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07 JAN 24 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 23, 2007

ORDER TIME : 4:20 PM

ORDER NO. : 725667-005

CUSTOMER NO: 4307993

DOMESTIC FILING

NAME: CRUEL SUN, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRUEL SUN, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7025 County Road 46A

Suite 1071, PMB 501

Lake Mary, Florida 32746-4753

Mailing Address:

7025 County Road 46A

Suite 1071, PMB 501

Lake Mary, Florida 32746-4753

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Michael Taramykin

Name

1053 Surreywood Lane

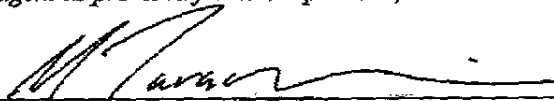
Florida street address (P.O. Box NOT acceptable)

Heathrow

FLORIDA 32746

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael Taramykin

1053 Surreywood Lane

Heathrow, FL 32746

MGRM

John P. Sousa

1058 Bloomsbury Road

Heathrow, FL 32746

MGRM

Thomas L. Kirchner

414 Woldunn Way

Lake Mary, FL 32746

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

By: Michael Taramykin

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)