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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

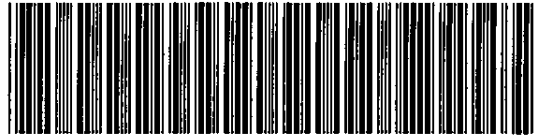
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN CAPITAL LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABIAN A. SMITH

(Name of Person)

(Firm/Company)

5530 BESS LANE

(Address)

WINTER HAVEN, FL 33884

(City/State and Zip Code)

For further information concerning this matter, please call:

FABIAN SMITH at (863) 229-8131
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUN CAPITAL 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:

5530 BESS LANE
WINTER HAVEN, FL 33884

Mailing Address:

5530 BESS LANE
WINTER HAVEN, FL 33884

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:

FABIAN A. SMITH

Name

5530 BESS LANE

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

WINTER HAVEN, FL 33884 FL

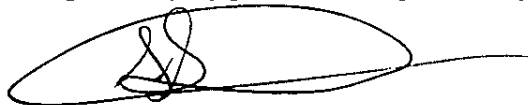
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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

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

DANIA TITUS SMITH
5530 BESS LANE
WINTER HAVEN, FL 33884

MGRM

FABIAN A. SMITH
5530 BESS LANE
WINTER HAVEN, FL 33884

MGRM

SANDRIA BARRETT-LEE
8860 NW 47TH STREET
SUNRISE, FL 33351

MGRM

NICOLE GORDON
15 SEFTON ST
BOSTON, MA 02126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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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.)

FABIAN A. SMITH

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)

ADDITIONAL MANAGING MEMBERS

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
MGRM	Kimberly Gordon 15 Sefton St Boston, MA 02126
MGRM	Christopher Hill 168 San Blas Ave Kissimmee, Fl 34743
MGRM	FIONA SMITH 10190 NW 24 COURT SUNRISE, FL 33322
MGRM	KENVIN REID 2350 SW KENT CIRCLE PORT ST. LUCIE, FL 34953
MGRM	DORCIA REID 2350 SW KENT CIRCLE PORT ST. LUCIE, FL 34953
MGRM	YURI JONES 2925 RAMADA DR, APT 418 TAMPA, FL 33613

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