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Helen		:54
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COVER LETTER

Division of Co.			
SUBJECT: SunCh	ase Consulting, LLC		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are st	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Helen Che	ng		
	0	Name of Person)	
SunChase	Consulting, LLC		
	(Firm/Company)	
20419 Wa	Inut Grove Ln		
•		(Address)	
Tampa, Fl	_ 33647		
	(Citya	/State and Zip Code)	
For further information	concerning this matter, please	cail:	
Helen Cheng		at (813) 500-160 (Area Code & Daytime To	0
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
] \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
SunChase Investments, LC	· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Limited Liability Company, "I	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20419 Walnut Grove Ln	20419 Walnut Grove Ln
Tampa, FL 33647	Tampa, FL 33647
	The second secon
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
-	lame SSE 2
20419 Walnut Grove Li	Fig. 3 b
Florida stree	et address (P.O. Box NOT acceptable)
Tampa ,	FL 33647
City, St	ate, and Zip
Having been named as registered agent and	d to accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

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:

"AM LU" — NAONAAA	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Helen Cheng	
	20419 Walnut Grove Ln	• •
	Tampa, FL 33647	
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	. <u> </u>	·.: -=
		•
		800 1 1
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the	e date of filing: (OPTION	NAL)
f an effective date is listed, the date must b	e specific and cannot be more than five business of	
or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	Cl	
tlelen	er or an authorized representative of a member.	07
Signature of a memb	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	FIL 07 JUL -2
Signature of a memb (In accordance with se of this document consthat the facts stated Helen Cheng	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	FILED 07 JUL-2 PM
Signature of a memb (In accordance with se of this document consthat the facts stated Helen Cheng	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	FILED FILED
Signature of a memb (In accordance with se of this document consthat the facts stated Helen Cheng	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	FILED FILED

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)