

L08000014536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

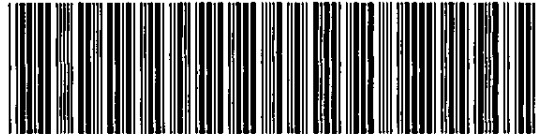
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 FEB 11 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 11 2008

EXAMINER

# LAZARUS

CORPORATE FILING SERVICE  
3320 SW 87<sup>TH</sup> AVENUE  
MIAMI, FL 33165  
305-552-5973

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TALLAHASSEE, FLORIDA

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SUNSHINE BUSINESS, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

### NEW FILINGS

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

SUNSHINE BUSINESS, LLC

(Must end with the words "Limited Liability Company, "L.L.C" or LLC)

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**ARTICLE II – Address:**

**Principal Office Address:**

5653 NW 112 Place

Doral, FL 33178

**Mailing Address:**

5653 NW 112 Place

Doral, FL 33178

**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 with an active Florida registration.)

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

Cesar Antonio Mena Delgado

Name

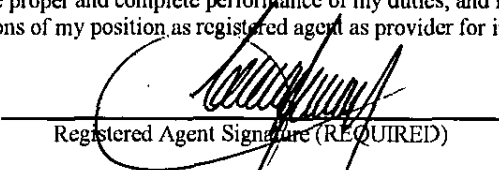
1050 Sorrento DR.

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

Weston, FL 33326

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 Signature (REQUIRED)

(Continued)  
Page 1 of 2

**ARTICLE IV- manager (s) or Managing Members(s):**

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

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGRM

Cesar Antonio Mena Delgado

1050 Sorrento DR

Weston, FL 33326

MGRM

Juan Torres

5653 NW 112 Place

Doral, FL 33178

MGRM

MGRM

**(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 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signed

**Filing Fees:**

\$ 125.00 Filing for Articles of Organization and Designation  
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)