L08000057834

(Red	questor's Name)	
(Add	ress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2008

SREEMOY GHOSH 2051 BLACK LAKE BLVD. WINTER GARDEN, FL 36787

SUBJECT: SUN LIFESTYLE, LLC Ref. Number: W08000027359

We have received your document for SUN LIFESTYLE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Division of Corporations - P.O. ROY 6327, Tallahassaa, Florida 32314

Letter Number: 908A00034792

COVER LETTER

	nstration Sec ision of Corp				
SUBJECT:	SUN	I LIFE STYLE	=, LL	.c	
Bellevil		(Name of Limi			
The enclosed	l Articles of (Organization and fee(s) are	submitted	l for filing	
		ndence concerning this ma			
		SREEMOY	GHOS	SH .	
		SREEMOY	(Name of	Person)	
	S	ON LIFESTYLE	, LLC	-	
			(Firm/Co		
	2051	BLACK LAKE	BLV	ን ,	
			(Addr	ess)	
w	INTER	GARDEN, FL	347	87.	
		(C	ity/State an	d Zip Code)	
For further in	nformation co	oncerning this matter, pleas	se call:		
SRE	EMOY .	нгон Д	at (813 784- (Area Code & Daytime T	-5371
	(Name o	f Person)		(Area Code & Daytime T	elephone Number)
Enclosed is	a check for	the following amount:			
\$125.00 Fi	iling Fee	\$130.00 Filing Fee & Certificate of Status	Cer	5.00 Filing Fee & stified 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	ı	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
AHUTI, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2051 BLACK LAKE BLVD WINTER GARDEN, PL 34787.	2051 BLACK LAKE BLVD WINTER WARPEN, FL 34787
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
SREEMOY GHO Name	SECRETAR ALLAHASS
2051 BLACK LAE Florida street addi	· Բ ኽ1_Vን
WINTER GARDEN City, State, as	ress (P.O. Box NOT acceptable) FL 34787 and Zip Tess (P.O. Box NOT acceptable) Test 23 Test 24 Test 25 T
Having been named as registered agent and to a	ccept service of process for the above stated limited

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)

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGRM		SREEMOY GHOSH 2051 BLACK LAKE BLVD WINTER GARDEN, FL 34787.
Also attachma	nt if necessary)	
LE V: Effective fective date is days after the	listed, the date must be date of filing.)	e date of filing: (OPTIONAle specific and cannot be more than five business day
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must be date of filing.)	be specific and cannot be more than five business day
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five business day
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with severe date)	be specific and cannot be more than five business day
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated	per or an authorized representative of a member.

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