## LO8 000 113 938

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(essenses <b>Emily</b> Marrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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EXAMINER

## **COVER LETTER**

TO:	Registration So Division of Co						
SUBJI	Sunshi	ne State Referral	Group, LL	.C			
301371		· · · · · · · · · · · · · · · · · · ·	ed Liability Com				
The en	closed Articles of	Organization and fee(s) are	submitted for fil	ing.			
Please	return all correspo	ondence concerning this matt	ter to the followi	ng:			
	Luan B Wa	alker					
			(Name of Person)				
	Sugar Rea	alty, Inc					
			(Firm/Company)				
	Po Box 44	5					
			(Address)				
•	Clewiston,	FL 33440					
		(Cit	y/State and Zip Co	ode)			
For fur	ther information c	concerning this matter, please	e call:			2008 SE	
Luan B Walker			_at (_863	983-29	933	ZION DEC SECRET	W.C. STREET
	(Name	of Person)	(Area Co	ode & Daytime	Telephone Numb	ARY ARY	-
Enclos	ed is a check for	r the following amount:				E FL	
<b>▼</b> \$125.	00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	S155.00 Fill Certified C (additional co		Certifica Certified	Filing Free,	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Addr ation Section on of Corporat Building executive Cent assee, FL 3230	ions er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is	š:			
Principal Office Address:	Mailing Address:				
700 W Sugarland Hwy	PO Box 445				
Clewiston, FL 33440	Clewiston, FL 33440				
The name and the Florida street address  Luan B Walker	Name Name	Ą			
700 W Sugarla	nd Hwy  street address (P.O. Box NOT acceptable)				
700 W Sugarla Florida s Clewiston	nd Hwy				

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

. <u>Title:</u> "MGR" = Manager		Name and Address:	
"MGRM" = Managi	ng Member		
MGRM		Luan B. Walker	
		P.O. Box 445	
		Clewiston, FL 33440	
		<del>1 </del>	
(Use attachment if n	ecessary)		
ARTICLE V: Effective date	e, if other than the date	of filing: 12/09/2008 (	OPTIONAL)
(If an effective date is listed to or 90 days after the date	, the date must be spe	ecific and cannot be more than five bu	siness days prior
to or 90 days after the date	or ming.)	•	ARE BO
REQUIRED SIGN	ATURE:		ASS ASS
KEQUIKED SIGN	-/2	, , , , ,	المراسة كالمنا
	7	h La lhe-	AMII: 19 OF STATE E. FLORID
SI	nature of a member or	an authorized representative of a member.	RIPATE 19
of	accordance with section this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	
L	uan Walker		
	Typed o	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)