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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB 27 2009

EXAMINER

SBL MANAGEMENT, LLC.  
P.O. BOX 470239  
KISSIMMEE, FL. 34747-0239

DATE: 2/18/09

MESSAGE FROM: BOB WALLNER

TO: FLORIDA DEPT. OF STATE

ATTENTION: DIVISION OF CORPORATIONS

REFERENCE: SUNNY BUBBLES SOUTH, LLC

NUMBER OF PAGES (INCLUDING THIS PAGE): 6

REMARKS: \_\_\_\_\_

ROBERT J. WALLNER  
12681 CHARTWELL DRIVE  
FORT MYERS, FL. 33912  
CELL 847-567-5477

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TALLAHASSEE, FLORIDA

ATTACHED YOU WILL FIND THE  
ARTICLES OF ORGANIZATION FOR NEW FLORIDA  
LLC.

THANK YOU,  
ROBERT J. WALLNER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNNY BUBBLES SOUTH, L.L.C.  
(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:

ROBERT J. WALLNER  
(Name of Person)

ROBERT J. WALLNER  
(Firm/Company)

12681 CHARTWELL DRIVE  
(Address)

FORT MYERS, FLORIDA 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT J. WALLNER at ( 847 ) 567-5477  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2009 FEB 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUNNY BUBBLES SATH, L.L.C.

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

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

12681 CHARTWELL DR.

12681 CHARTWELL DR.

FORT MYERS, FL. 33912

FORT MYERS, FL. 33912

**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:

ROBERT J. WALLNER

Name

12681 CHARTWELL DRIVE

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

FORT MYERS, FL 33912

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..*

Robert J. Wallner

Registered Agent's Signature (REQUIRED)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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

ROBERT WALLNER  
12681 CHARTWELL DR.  
FORT MYERS, FL. 33912

MGRM

DONNA WALLNER  
408 CAMPOS ST.  
CELEBRATION, FL. 34747

/

/

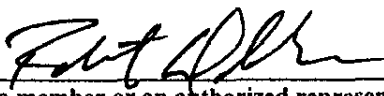
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/23/09. (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.)

**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.)

ROBERT WALLNER  
Typed or printed name of signee

2009 FEB 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)