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(Address)
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(Document Number)
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O9 JUN 22 AM II: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 2 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sun Classics LLC 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:	
Sheldon Liebowitz Name of Person	
Sun Classics LLC Firm/Company	
	•
5401 University DRIVE #103	
Address	
CORAL Springs Florada 33067 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	09
Ξ_{m}^{∞}	je T
Signal and the state of the sta	700
Sheldon Liebowitz at (954) 491-4511 Name of Person Area Code & Daytime Telephone Number	TILED W22 MILES
Enclosed is a check for the following amount:))
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2009

SHELDON LIEBOWITZ 5401 UNIVERSITY DR #103 CORAL SPRINGS, FL 33067

SUBJECT: SUN CLASSICS LLC Ref. Number: W09000026746 09 JUN 22 AM II: 28
SECRETARY OF STATE

We have received your document for SUN CLASSICS 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 909A00019113

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sun Classic (Must end with the words "Limited Liabili	ty 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:
5401 University Drive	SA~C
CORAL SP F1 33067	3,,,,,,
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 results	ered Agent. You must designate an individual or another egistered agent are:
Name	DR # 103 Box NOT acceptable) HARRY OF AND THE TARRY OF THE TARRY OF TARRY
5401 university	DR # 103 MY 10 1
Florida street address (P.O. I	
CORAL SPRIND	FL 33067 RAT : 0
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managi	Sheldon Liebowitz Sheldon Liebowitz SHOI University DE #103 CORAL SP FT 33067
(Use attachment if n	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior
or 90 days after the date of REQUIRED SIGN	f filing.)
Sig	nature of a member or an authorized representative of a member.
of	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury the facts stated herein are true.) Sheldon Liebowitz Typed or printed name of signee
<u>Filing Fees:</u> \$125.00 Filing Fee f of Register \$ 30.00 Certified C	r Articles of Organization and Designation
\$ 5.00 Certificate	