

## 0900062709

(Requestor's Name)	
(Address)	400157227194
, (Address)	100107221101
(City/State/Zip/Phone #)	
PICK-UP , WAIT MAIL	
(Business Entity Name)	06/26/0901016023 **155.00
(Document Number)	
Certified Copies Certificates of Status :	TALL ALL
Special Instructions to Filing Officer:	ASSEE PI
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M. THOMAS JUN 29 2009 EXAMINER



SYBIL B. MULLIN SMULLIN@DREWLAW.COM FAX: 513.619.1614

June 23, 2009

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

Re: Sunshine Ink Jet, LLC

Dear Sir or Madam:

Enclosed with this letter please find the cover letter, the Articles of Organization for a Florida limited liability company to be known as Sunshine Inkjet, LLC, as well as a copy of the same. Please file the Articles of Organization and return to me a date-stamped certified copy of the same. Accordingly, I am enclosing the \$155 filing see and certified copy fee.

Should you have any questions regarding these matters, please feel contact me at any time.

Very truly yours,

Syb**i**l B**)** Mullin

Enclosures SBM/mjh

cc: Anthony G. Covatta, Esq.

176150

## **COVER LETTER**

TO:	Registration Division of (	n Section Corporations						
SUBJI	ECT:	Sur	ıshin	e Inkjet, LLC				
<b>442</b>		Name of Limit	ed Lial	bility Company				
The en	closed Articles	of Organization and fee(s) are	submil	ted for filing.				
Please	return all corre	spondence concerning this mat	ter to t	he following:				
				r Oberg				
		r	Name	of Person				
			Firm/	Сотрапу				
		445 Cove	a Tow	ver Drive #1003				
		770 0040		idress		<del> </del>		
		Nank		orida 34110	SA.	SE	3 -	
-		<del></del>		and Zip Code		<u> </u>	<del>_</del> _	4
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-		E-mail address: (to be used I	perg	@msn.com	<u> </u>	<b>K</b> 2	-0	ĺ
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For fur	ther information	n concerning this matter, please	: call:			SE SE	2:53	
		ger Oberg	_ at (_	239	514-3544	<del>**</del>	· · · ·	
	Nam	e of Person		Area Code & Daytime To	elephone Numb	Er		
Enclos	ed is a check	for the following amount:						
<b>]</b> \$125.(	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	C	55.00 Filing Fee & ertified Copy dditional copy is enclosed)	\$160.00 F Certificat Certified (additional	te of Sta Copy	tus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327		Street/Courier Addre Registration Section Division of Corporation Clifton Building	วกร			
		Tallahassee, FL 32314		2661 Executive Cente	r Circle			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Sunshine I	
(Mus	st end with the words "Limited L	liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		e principal office of the Limited Liability Company i
Principal Office Ac	ddress:	Mailing Address:
445 Cove Tower I Naples, Florida 3		445 Cove Tower Drive #1003 Naples, Elorida 34110
Naples, Florida 3- ARTICLE III - Re The Limited Liability Cor business entity with an ac	gistered Agent, Registen npany cannot serve as its own Retive Florida registration.)	Naples, Elorida 34110  red Office, & Registered Agent's Signature: cgistered Agent. You must designate an individual or another
Naples, Florida 3- ARTICLE III - Re The Limited Liability Cor business entity with an ac	gistered Agent, Registent apany cannot serve as its own Retive Florida registration.)  lorida street address of the serve agency of the serve agen	Naples, Florida 34110  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual amounter the registered agent are:
Naples, Florida 3- ARTICLE III - Re The Limited Liability Cor business entity with an ac	gistered Agent, Registered Agent, Registered agent, Registered agent of the properties of the component of t	Naples, Florida 34110  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual amounter the registered agent are:
Naples, Florida 3e  ARTICLE III - Representation of the Limited Liability Conbusiness entity with an acceptance of the Limited Liability Conbusiness entity with an acceptance of the Limited Liability Conbusiness entity with an acceptance of the Liability Conbusiness entity of the Liability Conbu	gistered Agent, Register npany cannot serve as its own Retive Florida registration.)  lorida street address of the CT Corporation Serve Se	Naples, Florida 34110  ared Office, & Registered Agent's Signature: cgistered Agent. You must designate an individual or another the registered agent are: system time
Naples, Florida 3- ARTICLE III - Re The Limited Liability Cor business entity with an ac	gistered Agent, Register appropriate the property cannot serve as its own Registration.)  Iorida street address of the CT Corporation Serve agents of the CT Corporation Serve agents of the CT Corporation Serve agents of the Pine	Naples, Florida 34110  ared Office, & Registered Agent's Signature: cgistered Agent. You must designate an individual or another the registered agent are: system time
Naples, Florida 3-ARTICLE III - Re The Limited Liability Corbusiness entity with an ac	gistered Agent, Register appropriate the property cannot serve as its own Registration.)  Iorida street address of the CT Corporation Serve agents of the CT Corporation Serve agents of the CT Corporation Serve agents of the Pine	Naples, Florida 34110  red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual funother the registered agent are: system time  Island Road

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..

Kimberly Breunling

Assistant Secretary
Registered Agent's Signature (REQUIRED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_ (If an effective date is listed, the date must be specific and cannot be more than five business 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 focts stated herein are true.) Roger Oberg Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)