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Office Use Only



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02/03/10--01022--019 **125.00

Effective Date 01/30/2010

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 FEB -3 PM 2: AL

T. HAMPTON-FEB-#2010

EXAMINER

4222-04v

COVER LETTER

TO:	Registration Division of C	Section Corporations			
SUBJI	ECT:	SUNSH	NE SUPPL	IERS L.L	C
	Name of Limited Liability Company				,
The en	closed Articles	of Organization and fee(s) are	submitted for fil	ling.	
Please	return all corre	spondence concerning this ma	er to the follow	ing:	
	Berline,	MERL	NE A. WEI	THERS	
			Name of Person		
	Firm/Company				
	18571 SW 52ND STREET				
			Address		
	MiRAMAR, FL. 33029 City/State and Zip Code				
			·		
•		E-mail address: (to be used	or future annual r	eport notification	n)
For fur	ther informatio	n concerning this matter, pleas	call:		
		E A. WEITHERS e of Person	at (954 Area Co		727-5244 Telephone Number
Enclos	sed is a check	for the following amount:			
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified C (additional c		\$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	Registr Divisio Cliftor 2661 E	Courier Addination Section on of Corporate Building Executive Centers Section 233	ions er Circle

Effective Date 01/30/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company is:						
SUNSHINE SUPPLIERS L.L.C						
(Must end with the words "Limited Li	ability 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:					
18571 SW 52ND STREET	18571 SW 52ND STREET					
MIRAMAR, FL. 33029	MIRAMAR, FL 33029					
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another se registered agent are:					
MERLENE /	A. WEITHERS					
Nau	The transfer of the second control of the se					
18571 SW 5	2ND STREET					
Florida street address (P	O. Box NOT acceptable)					
MIRAMAR, FL. 3302	9 FL					
City, State	e, and Zip					
liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as refulence designation.	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F. S. C. R. F. F. S. C. R. F. S. C. R. F. F. S. C. R. F. S. C. R. F. S. C. R. F.					

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager	Name and Address:
'MGRM" = Managing Member	
MANAGER	MERLENE A. WEITHERS
WAYAOLN	18571 SW 52ND STREET MIRÁMAR, FL. 33029
MANAGING MEMBER	FRANCINE COOLEY
	16485 SW 20TH STREET
	MIRAMAR, FL. 33027
Use attachment if necessary)	
fective date is listed, the date must be	date of filing:JANUARY 30, 2010 (OPTION e specific and cannot be more than five business of
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	lene a. Weithers
REQUIRED SIGNATURE:	er or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)