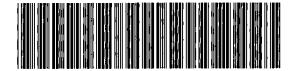
# L10000041561

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

Office Use Only



700173796487

04/06/10--01001--018 \*\*125.00

SECRETARY OF STATE

11/16850

J. BRYAN

APR 2 0 2009

**EXAMINER** 

# **COVER LETTER**

Division of C					
SUBJECT: SUNSH	IINE 581 FINCH LLC				
	Name of Limi	ted Liability Comp	any		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	ng.		
Please return all corresp	pondence concerning this ma	tter to the followin	g:		
Amrutha Kun	nar				
		Name of Person			
					10 APR 1'9
		Firm/Company			
					744 C
P.O. Box 701	909				<u> </u>
		Address			FL 037
Saint Cloud, F					20 E
	Cit	ty/State and Zip Cod	e		
akumar1986@					
	E-mail address: (to be used	for future annual rep	ort notification)		
For further information	concerning this matter, pleas	e call:			
Amrutha Kumar		at (_407	962-0342		
Name	of Person		e & Daytime Tele	phone Number	<del></del>
Enclosed is a check for	or the following amount:				
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filing Certificate of Certified Cop (additional copy	Status &

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2010

AMRUTHA KUMAR PO BOX 701909 SAINT CLOUD, FL 34770

SUBJECT: SUNSHINE 581 FINCH LLC

Ref. Number: W10000016850



We have received your document for SUNSHINE 581 FINCH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 310A00008398

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SUNSHINE 5	81 FINCH LLC		
00110111112		nited Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II -	Address:		
The mailing add	dress and street address	of the principal office of the Limited Liability	Company is:
Principal Offic	e Address:	Mailing Address:	
581 FINCH COURT	•	PO BOX 701909	
KISSIMMEE, FLORIDA 34759			
ARTICLE III	DA 34759 - Registered Agent, Re	saint cloud, Florida 34770 gistered Office, & Registered Agent's Signat	
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Rety Company cannot serve as its an active Florida registration.) he Florida street address	SAINT CLOUD, FLORIDA 34770	other O APR 19
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Rety Company cannot serve as its an active Florida registration.)	gistered Office, & Registered Agent's Signat own Registered Agent. You must designate an individual or an	other APR 19 APR
ARTICLE III - (The Limited Liabilit business entity with	- Registered Agent, Rety Company cannot serve as its an active Florida registration.) he Florida street address	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or agent of the registered agent are:	TITLE TO THE TITLE
ARTICLE III - (The Limited Liabilit business entity with	DA 34759  - Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.)  he Florida street address:  Amrutha Kumar  581 Finch court	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or agent of the registered agent are:	other APR 19 APR
ARTICLE III - (The Limited Liabilit business entity with	DA 34759  - Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.)  he Florida street address:  Amrutha Kumar  581 Finch court	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or an office of the registered agent are:  Name	TITLE TO THE TITLE

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..

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:

MGR	Amrutha Kumar
	PO Box 701909 Saint Cloud, Florida 34770
MGRM	Kumar Kanakapura
	PO Box 701909
	Saint Cloud, Florida 34770
(Use attachment if necessary)	CREANY OF SAIL
	the date of filing: (OPTION
	st be specific and cannot be more than five business da
ays after the date of filing.)	

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.)

AMRUTHA KUMAR

Typed 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)