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FILED 10 APR 30 AMII: 56

COVER LETTER

TO:	Registration S Division of Co		ν.	
SUBJI	ECT: Sunshin	e Workforce LLC		
		Name of Limit	ed Liability Company	
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	ter to the following:	
	Steven D. Tal	parrini	_	
			Name of Person	
	Sunshine Wo	rkforce LLC		
			Firm/Company	
	28101 Racetra	ack Road, Unit 7-B1	_	
			Address	-
	Bonita Spring	s, Florida 34135		
		Cit	y/State and Zip Code	
	stevetabarrini		for future annual report notification)	
For fu	ther information	concerning this matter, please	·	
Steven Tabarriniat (239)405-9053			- Number	
	Name	of Person	Area Code & Daytime Telep	onone Number
Enclos	sed is a check fo	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
Sunshine Workforce LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
111111111111111111111111111111111111111	of the principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
7-71	C/O Tabarrini Realty	
28101 Racetrack Road, Unit 7-B1		
Bonita Springs, FL 34135	15051 So. Tamiami Trail, Suite 203	
	Fort Myers, FL 33908	
		or another
Jean Tabarrini at 3	Faharrini Realty	FIL 10 APR 30 SECRETAR VALLAHASS
oddii rabaiiiii at	Name	芸芸 32 四
	· vano	
15051 So. Tamia	mi Trail, Ste. 203	FILED R 30 AM LARY OF HASSEE F
	street address (P.O. Box NOT acceptable)	STATE PLORID
Fort Myers	FL 33908	32 5

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..

City, State, and Zip

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" = Manager	Name and Address:
"MGRM" = Managing Member	
WORW - Wallaging Wellice	
MGRM	Steven D. Tabarrini
	6001 Deer Run
	Fort Myers, FL 33908
MGR	Victor E. Tabarrini
	11525 Timberline Circle
	Fort Myers, FL 33966
	American -
	
	- V-
(Use attachment if necessary)	
(Use attachment if necessary)	
`	an the date of filing: April 25, 2010 . (OPTION
LE V: Effective date, if other tha	· · · · · · · · · · · · · · · · · · ·
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LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.) REQUIRED SIGNATURE: Signature of a median of this document	ust be specific and cannot be more than five business d

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)