

L10000054965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

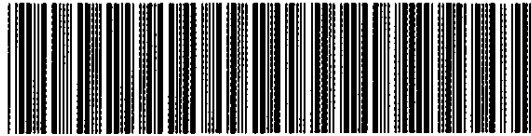
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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5/21/10 01004-0160 125.00

FILED  
MAY 12 PM 2:00  
STATE OF  
FLORIDA

L10-54965

N. CAUSSEAU

MAY 21 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sunstar Supplies 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:

Sabrina Metayer

Name of Person

Sunstar supplies Llc

Firm/Company

1352 Sancristobal ave

Address

suite A2 Punta Gorda Fl 33983

City/State and Zip Code

Sabbym76@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Metayer

Name of Person

at ( 941 ) 421-8612

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

Bank of America | Online Banking | Transaction Image Print



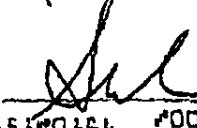
Page 1 of 1

**Bank of America** 

Online Banking

MyAccess Checking - 3351 : Check Image

Check image:

	SABRINA L METAYER 6640 TAYLOR RD UNIT 107 PUNTA GORDA FL 33920-8412	164
5-7-2010		05-17-2010 R 317
PAY TO THE ORDER OF <u>DIVISION OF CONSTRUCTION</u>		\$ <u>125.00</u>
<u>one hundred twenty five dollars</u>		
Bank of America 		
ACH NPY 003100077		
<u>SUNSTAR SUPPLIES LLC</u>		
⑆063100277⑆ 229024383351⑆0164		⑆0000012500⑆

BANK OF AMERICA  
DEPOSIT ONLY  
3056862644105-150453-10030876  
DEPOSIT ONLY  
05/12/10-01004-016

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunstar supplies Llc

(Must end with the words "Limited Liability 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:**1352 Sancristobal avesuite A2Punta Gorda FL 33983**Mailing Address:**1352 Sancristobal avesuite a2Punta Gorda FL 33983**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

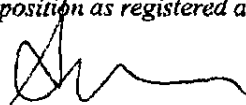
Sabrina Metayer

Name

1352 Sancristobal ave suite A2Florida street address (P.O. Box **NOT** acceptable)Punta GordaFL 33983

City, State, and Zip

*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..*



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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

mgrm

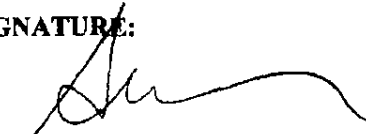
Sabrina Metayer  
1352 San Cristobal Ave S-A2  
Punta Gorda FL 33983

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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 facts stated herein are true.)

Sabrina Metayer

Typed or printed name of signee

FILED  
10 MAY 12 PM 2:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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)