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J. SAULSBERRY EXAMINER
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COVER LETTER

Division of Corporations	
SUBJECT: ATCANTIC SUN SYSTEMS, 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:	
George Russo Name of Person	
Name of Person	
SCEANS DIVECT Firm/Company	
Firm/Company	
Address Con G Wee J FC 32150 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this protter place on the second of the	
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For further information concerning this matter, please call:	-
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DALID MELEN at (40) 3PP-P260000000000000000000000000000000000	, , ,
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$\$Certified Copy (additional copy is enclosed)} \text{\$\$\$}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
ATCANTIC SUN SYSTEMS, 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: OCRANS DINECT 215 W. SR 434 Longwood, FC 32750 32750
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:
George Russo
OCEANS Name OLIECT FOR A TO SAN SOLIECT STATE ROAD 434 SAN SI
Florida street address (P.O. Box NOT acceptable)
Conaward FL 32750
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MCRM	George Russo OCEANS Direct 215 W SR 434 Conaward, PL 32750
	ZIII NOV 18 GECRETARE
(Use attachment if necessary)	PH 3: 06
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: $O(/O(/2011))$. (OPTIONAL) specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)