11000015624

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

Office Use Only



600192987066

02/04/11--01034--014 **125.00

B. KOHR

FEB - 7 2011

EXAMINER

COVER LETTER

TO: Registration		•	9
Division of C	Corporations		1458-4
SUBJECT: Sun:	shine Solutions L		_ {{B}} '
	Name of Limited	Liability Company	_
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	7
Please return all corre	spondence concerning this matte	r to the following:	
Kennetl	h D. Waibel		
	ì	Name of Person	
Sunshi	ne Solutions LLC		
<u> </u>	1	Firm/Company	
5223 S	W 11th Place		
		Address	
Cape Cora	al, FL 33914		
	•	State and Zip Code	
kdwaibel@	hotmail.com E-mail address: (to be used for	r future annual report notification)	
For further information	n concerning this matter, please	call:	
Ken Waibel		_{st.} (239) 540-7170	
·	ne of Person	Area Code & Daytime Telephone Number	_
	C 4 C11 .		
	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &
	Mailing Address	Street/Courier Address	
. .	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine Solutions 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:	Mailing Address:
Sunshine Solutions LLC	Sunshine Solutions LLC
5223 SW 11th Place	5223 SW 11th place
Cape Coral, FL 33914	Cape Coral, FL 33914

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:

Kenneth D. W	/aibel
	Name
5223 SW	11th Place
Florie	da street address (P.O. Box NOT acceptable)
Cape Coral	_{FL} 33914
	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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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 M	ember
Wildiam William Wil	
MGR	Kenneth D. Waibel
<u> </u>	5223 SW 11th Place
	Cape Coral, FL 33914
(I laa attaahuu aut iCu aaaaa	
(Use attachment if necess	ary)
FEW. Permin Jac Sen	4 4 4 4 6. C
LE V: Enecuve date, if o	ther than the date of filing: (OPTION
	date must be specific and cannot be more than five business d
days after the date of fili	ng.)
DECHIDED CICNATU	DE.
REQUIRED SIGNATU	KE;
de	S 1 X/h // //
- - 4	Julian Lille Gref
Signatui	of a member or an authorized representative of a member.
(In accordance w	ith section 608.408(3), Florida Statutes, the execution of this document
	firmation under the penalties of perjury that the facts stated herein are true.
	my false information submitted in a document to the Department of State

Kenneth D. Waibel

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)