

L/2000048662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

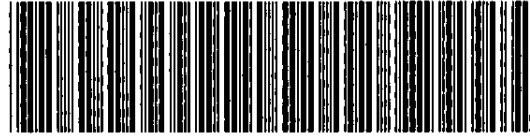
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300227050393

EFFECTIVE DATE
3-29-2012

04/04/12--01032--022 **160.00

FILED
12 APR - 4 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 10 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2012

JULIO VELASQUEZ MEMDEZ
P.O. BOX 368103
BONITA SPRINGS, FL 34136

SUBJECT: SUNSHINESCAPE, L.L.C.
Ref. Number: W12000019194

We have received your document for SUNSHINESCAPE, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 512A00011115

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINESCAPE, L.L.C.
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:

JULIO VELASQUEZ MENDEZ

Name of Person

SUNSHINESCAPE, L.L.C.

Firm/Company

P.O. BOX 368103

Address

BONITA SPRINGS, FLORIDA 34136

City/State and Zip Code

CARFPEZA@AOL.COM

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

For further information concerning this matter, please call:

JULIO VELASQUEZ MENDEZ

Name of Person

at (239) 218-3243

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

Victor Velasquez

SunshineScape, L.L.C.

P.O. Box 368103

Bonita Springs, FL 34136

FILED
12 APR - 4 PM 12: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 29, 2012

To whom it may concern;

My name is Victor Velasquez and I am the MGRM of SunshineScape, LLC. I will be dissolving my LLC number L09000097458, and I do not intend to revoke the dissolution and hereby release the LLC name to my brother Julio Velasquez Mendez that will file his new LLC with the same name as the one I am dissolving.

Respectfully,

Victor Velasquez

Victor Velasquez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
3-29-2012

SUNSHINESCAPE, L.L.C.

(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:

26350 BRIDGEPORT LANE
BONITA SPRINGS, FL 34135

Mailing Address:

P.O. BOX 368103
BONITA SPRINGS, FL 34136

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:

JULIO VELASQUEZ MENDEZ

Name

26350 BRIDGEPORT LANE

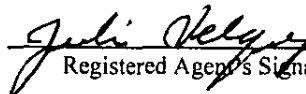
Florida street address (P.O. Box **NOT** acceptable)

BONITA SPRINGS FL 34135

City, State, and Zip

FILED
12 APR -4 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

JULIO VELASQUEZ MENDEZ

26350 BRIDGEPORT LANE

BONITA SPRINGS, FL 34135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/29/2012. (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. 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.)

JULIO VELASQUEZ MENDEZ

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)