# L12000081004

(Řε	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·		
ertified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



400236937464

06/29/12--01020--014 \*\*125.00

12 JUN 29 AH 6: 57
SEUNCIANT OF STATE
ALL AHASSEF FLORIDA

B. BOSTICK

JUL - 3 2012

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: Sunsource JV Partners, 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:

Donald Arpin		
•	Name of Person	_
Sunsource JV Partners	s, LLC	
	Firm/Company	
4920 N. Dixie Hwy.		
	Address	_
Oakland Park, FL 33334	****	_
Cin	y/State and Zip Code	
arpin2@bellsouth.net	or future annual report notification)	- AL ALEXAN
E-mail address: (to be used f	or future annual report notification)	1
For further information concerning this matter, please	()	
Donald Arpin	at 954 772-3699 5 5	-
Name of Person	Area Code & Daytime Telephone Number	
	A	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	17	T .	Nam	
AKIR	. H.		NOT	

The name of the Limited Liability Company is:

### Sunsource JV Partners, 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:

4920 N. Dixie Hwy.

Oakland Park, FL 33334

4920 N. Dixie Hwy. Oakland Park, FL 33334

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:

Associated General Kinetics, LLC

Name

4920 N. Dixie Hwy.

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

Oakland Park, FL 33334  $_{
m FL}$ 

City, State, and Zip

TILLI 12 JUN 29 AM 6: 57 SECALIANY OF STATE ALLI AMASSEE FI OPINA

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Associated General Kinetics, LLC 4920 N. Dixie Hwy. Oakland Park, FL 33334 (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. 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.) Donald Aroin

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)

Typed or printed name of signee