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Effective Date 1113

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T. HAMPTON

(850) 245-6051.

COVER LETTER

TO: **Registration Section Division of Corporations** Sunshine Home, 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: Anna Schafer Name of Person Sunshine Home, LLC Firm/Company P.O. Box 464 Address Lake Worth, FL 33460 City/State and Zip Code annaks@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anna Schafer Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □\$155.00 Filing Fee & \$160.00 Filing Fee, □\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy 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

(additional copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2012

ANNA SCHAFER P O BOX 464 LAKE WORTH, FL 33460

SUBJECT: SUNSHINE HOME, LLC Ref. Number: W12000062219

RECEIVED
12 DEC 26 PM 4: 14
SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for SUNSHINE HOME, LLC 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 an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00029704

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sunshine Home, LLC	<u> </u>	
(M	ust end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac		ne principal office of the Limited Liability Cor
Principal Office A	Address:	Mailing Address:
	,	
ARTICLE III - F The Limited Liability C business entity with an	Company cannot serve as its own I active Florida registration.)	Registered Agent. You must designate an individual or anoth
ARTICLE III - F The Limited Liability C business entity with an	Registered Agent, Regist	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own Is active Florida registration.) Florida street address of the Anna Schafer	ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anothe the registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own Is active Florida registration.) Florida street address of the Anna Schafer	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own Is active Florida registration.) Florida street address of the Anna Schafer	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another the registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own It active Florida registration.) Florida street address of the Anna Schafer 620 N Lakeside Drive	ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anothe the registered agent are:
ARTICLE III - F (The Limited Liability C business entity with an	Registered Agent, Regist Company cannot serve as its own It active Florida registration.) Florida street address of the Anna Schafer 620 N Lakeside Drive	ered Office, & Registered Agent's Signatur Registered Agent. You must designate an individual or anothe the registered agent are: lame et address (P.O. Box NOT acceptable)

ited 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:	
<u>,2 10101</u>	Name and Address:
"MGR" = Manager	·
'MGRM" = Managing Member	
MGR	Anna Schafer
	P.O. Box 464
	Lake Worth, FL 33460
MGR	Anette Gscheidle
	P.O. Box 464
	Lake Worth, FL 33460
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	1/1/2013 (00000
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	te date of filing: ///2013 (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five busi
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information of the section of the secti	st be specific and cannot be more than five busi
LE V: Effective date, if other than the frective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felon	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The remaining submitted in a document to the Department of State

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)

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