L13000027063

(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



700244613637

02/20/13--01011--015 **155.00

FILED
2013 FEB 20 M ID: 35
SECRETARY OF STARFA

N. Cuttigen FEB 2 1 2013

COVER LETTER

TO: Registration Section **Division of Corporations** FL Sunshine Properties, LLC SUBJECT: 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: Paulette Plummer Name of Person Finn/Company 3845 Gateway Centre Blvd Ste 300 Pinellas Park, FL 33782 City/State and Zip Code pauletteplummer1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 727 345-0811 x 222

Aren Code & Daytime Telephone Number Cliff Hallmark Name of Person Enclosed is a check for the following amount: □ \$160.00 Filing Fee, □\$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

FL Sunshine Properties, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "Ll.C.")	
(Must end with the words "Limi	ted Liability Company, "L. L.C., 'or "LLC."]
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
FL Sunshine Properties, LLC	FL Sunshine Properties, LLC
3845 Gateway Centre Blvd Ste 300	3845 Gateway Centre Blvd Ste 300
Pinellas Park, FL 33782	Pinellas Park, FL 33782
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
Pa	ulette Plummer
	Name SE
	eway Centre Blvd Ste 300
Florida :	street address (P.O. Box NOT acceptable)
Pinella	as Park, FL 33782

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.

City, State, and Zip

≩

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:

MGRM	Paulette Plummer
	3845 Gateway Centre Blvd Ste 300
	Pinellas Park, FL 33782
And the state of t	
	•
	W
	12 Angelon (12 Ang
(Use attachment if necessary)	
`	
LE V: Effective date, if other than the	ne date of filing: (OPTIO)

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.)

Paulette Plummer

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)

Page 2 of 2

FILED AN IO: 36
SECKETABY OF STATE
SECKETABY OF STATE

<u>.</u>