

L1300005285635

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H130000528563ABC/

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

Please use  
original file date  
3/6/13

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SUNSHINE C&M, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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2013 MAR -6 AM 8:18

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Electronic Filing Menu

Corporate Filing Menu

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03/08/2013 17:01 FAX 215 977 9388

M BURR KEIM CO  
M BURR KEIM CO

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\*\*\* TX REPORT \*\*\*  
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TRANSMISSION OK

TX/RX NO 3348  
CONNECTION TEL 18506176383  
SUBADDRESS  
CONNECTION ID  
ST. TIME 03/08 17:00  
USAGE T 00'34  
PGS. SENT 3  
RESULT OK

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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6283

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SUNSHINE C&M, LLC

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUNSHINE C&M, 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:**210 Debra Lane  
Palm Beach, FL 33480**Mailing Address:**210 Debra Lane  
Palm Beach, FL 33480**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:

Candee Weitzman

Name

210 Debra LaneFlorida street address (P.O. Box **NOT** acceptable)Palm Beach FL 33480

City, State, and Zip

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*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.*

Candee Weitzman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

<u>MGRM</u>	<u>Candee Weitzman</u>
	<u>210 Debra Lane</u>
	<u>Palm Beach, FL 33480</u>

(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:**

Michael Untermeyer  
 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.)  
Michael Untermeyer, Authorized Person  
 Typed or printed name of signer

**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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