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(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies (Certificates of Status
Special Instructions to Filing 0	Officer:
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SECREDARY OF STATE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunline Management, 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:	
Carl D. Ferris	
Name of Person	
Attorney at Law	
Firm/Company	
225 Court St., P.O. Box 541	
Address	
Hamilton, OH 45012	
City/State and Zip Code	
ferrislawoffice@aol.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
O 15 5 1	
Carl D. Ferris513896-7722	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
■\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certif	us &
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	pany is:
Sunline Management, LLC	
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address or	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
1725 N.W. 79th Ave.	1725 N.W. 79th Ave.
Doral, FL 33126	Doral, FL 33126
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Rose Williams	wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Rose Williams 8352 Man O War Rd.	wn Registered Agent. You must designate an individual or another of the registered agent are: Name
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Rose Williams 8352 Man O War Rd.	wn Registered Agent. You must designate an individual or another of the registered agent are: Name Street address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Rose Williams 8352 Man O War Rd. Florida:	of the registered agent are: Name Street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Rose Williams
	8352 Man O War Rd.
	Palm Beach Gardens, FL 33418
(Use attachment if necessary)	
LE V: Effective date, if other than	n the date of filing: (OPTION
LE V: Effective date, if other than	must be specific and cannot be more than five busin
LE V: Effective date, if other that fective date is listed, the date is	must be specific and cannot be more than five busin
LE V: Effective date, if other that fective date is listed, the date is or 90 days after the date of filin	must be specific and cannot be more than five busin
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five busin g.)
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five busin
TEV: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Copy Signature of a metal constitutes an affirmation of a management of a	must be specific and cannot be more than five busing.)
TEV: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Copy Signature of a metal constitutes an affirmation of a management of a	ember or an authorized representative of a member. 10 608.408(3), Florida Statutes, the execution of this document cander the penalties of perjury that the facts stated herein are true. 10 formation 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)