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(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bo	usiness Entity Name)
(Do	ocument Number) -
Certified Copies	Certificates of Status
special instructions to per Joyce + add "and r the name processing	o Filing Officer: Jogan please nectings to to expedite

Office Use Only



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TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Sunshine Events & Meetings, LL

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Joyce Loraine Hogan	13
Name of Person	SEP
Sunshine Events, LLC	30
Firm/Company	AH IO:
2944 Rolling Broak Dr.	10: 19
Address	(a)
Orlando, Floirda 32837	
City/State and Zip Code	
jhogan45@cfl.rr.com	
E-mail address: (to be used for future annual report notification)	· · · · · · · · · · · · · · · · · ·

For further information concerning this matter, please call:

Joyce Hogan

407

373-9763

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & 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

	Meetings, LLC Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")		
	•			
ARTICLE II - A		e principal office of the Limited Liab	ilitu Compon	:
The maning addit	ess and street address of th	e principal office of the Limited Liac	mity Compan	y 18:
Principal Office	Address:	Mailing Address:		
2944 Rolling Broak D	r.	2944 Rolling Broak Dr.	. •	
Orlando, FL 32837		Orlando, FL 32837		
<u> </u>		ered Office, & Registered Agent's S Registered Agent. You must designate an individu	ಪ	_ ≥
			≥> -	- (11)
The name and the	Florida street address of t	he registered agent are:	AM 10: 19	EE. FLORIC
The name and the	Joyce Loraine Hogan	he registered agent are:	AM 10: 19	EE. FLORIDA
The name and the	Joyce Loraine Hogan		AM 10: 19	EE. FLORIDA
The name and the	Joyce Loraine Hogan N 2944 Rolling Broak Drive		AM 10: 19	EE. FLORIDA
The name and the	Joyce Loraine Hogan N 2944 Rolling Broak Drive	ame et address (P.O. Box <u>NOT</u> acceptable)	AM 10: 19	EE. FLORIDA
The name and the	Joyce Loraine Hogan N 2944 Rolling Broak Drive Florida stree Orlando, FL 32837	ame	AM 10: 19	EE. FLORIDA

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

	." = Manag M" = Mar	ger naging Membe	r	Name and A	<u>address:</u>			
MGRM				Jayce Loraine H	loaan			
				2944 Rolling Bro				-
				Orlando, FL 328				-
MGRM				John Arman Ho	gan, Jr.			I3S (
				2944 Rolling Bro	oak Dr			ယ်
				Orlando, FL 328	37			30
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								-
		if necessary)	oan the dat	e of filing			(OPTIC	- - - - -
CLE V: effectiv o or 90	Effective e date is l days after	date, if other the isted, the date of file	e must be			ore than	(OPTIC	
CLE V: effectiv o or 90	Effective e date is l days after	date, if other the isted, the date of file GNATURE:	e must be		Loga		five bus	
CLE V: effectiv o or 90	Effective e date is I days after IRED SI (In acconstit	date, if other the isted, the date of file GNATURE:	member or tion 608.408 in under the information	an authorized r (3), Florida State penalties of perjun submitted in a control of the control of	epresentative of the the facts document to the	on of this does stated herein	cument	siness
CLE V: effectiv o or 90	Effective e date is I days after IRED SI (In acconstit	date, if other the isted, the date of file the date of file GNATURE: Signature of a cordance with sectutes an affirmation ware that any false.	member or tion 608.408 in under the e information e felony as phogan	an authorized r (3), Florida State penalties of perjun submitted in a control of the control of	epresentative of the strength	on of this does stated herein	cument	siness

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ -5.00 Certificate of Status (Optional)