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Division of Corporations

CLARA GIRALDO

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

****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 RESEARCH INSTITUTE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

SUNSHINE RESEARCH INSTITUTE,LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SUNSHINE RESEARCH INSTITUTE,LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**15135 SW 128 CT
MIAMI,FL 33186**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

JOSEFA OTERO

15135 SW 128 CT

Florida street address (P.O.BOX NOT acceptable)

MIAMI,FL 33186

City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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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 605, F.S..

X 
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

JOSEFA OTERO
15135 SW 128 CT
MIAMI, FL 33186

MANAGER

(An additional article must be added if an effective date is requested)

X 
Signature of a member or an authorized representative of a member.

(In accordance with section 606.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEFA OTERO

Typed or printed name of signer

2014 MAR -4 AM 9:50
SECRETARY
CLARA GIRALDO P.A.

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