

L140000 54935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

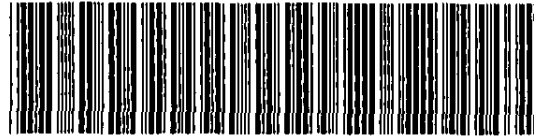
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ADOPTIVE
SUFFICIENCY OF FILING

2014 APR -3 PM 2:57

STATE OF FLORIDA
FILING OFFICE

14 APR -3 PM 3:07

APPROVED
AND
FILED

B. BOSTICK

APR - 3 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunneo Limited Liability Company
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:

Evan O'Connor
Name of Person

Sunneo LLC
Firm/Company

2020 West Pensacola St. Ste 906 P.O. Box 21332
Address

Tallahassee, FL 32304
City/State and Zip Code

cjoconnor2009@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evan O'Connor at (813) 597-4520
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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

14 APR -3 PM 3:07

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunneo 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:

907 Buena Vista Dr.
Tallahassee, FL 32304

Mailing Address:

2020 W Pensacola St. Ste 906
P.O. Box 21332
Tallahassee, FL 32306

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:

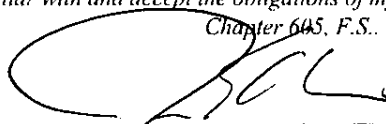
Jack E. Kiker, III
Name

2010 Delta Blvd.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
City Zip

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14 APR -3 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

MGRM

Name and Address:

Evan O'Connor
907 Buena Vista Dr.
Tallahassee, FL 32304

Fahad Ilyas
907 Buena Vista Dr.
Tallahassee, FL 32304

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Evan O'Connor

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Evan O'Connor
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)

14 APR - 3 PM 3:08

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AND
FILED

STATE
FLORIDA