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 : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone

: (302)575-0875

Fax Number

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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. SUNSKY MEGALED LLC

Certificate of Status	0
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B. BOSTICK

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

SUNSKY MEGALED LLC

(Must end with the words "Limited Liability Company. "L.L.C.," or "LLC.")

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

Principal Office Address:

Mailing Address:

6406 OSCEOLA CIRCLE EAST HOLLYWOOD, FL 33024

6406 OSCEOLA CIRCLE BAST HOLLYWOOD, FL 33024

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:

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330

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

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.,

AGENTS AND CORPORATIONS, INC.

Registered Agent's Signature (REQUIRED)
JOHN L. WILLIAMS, PRESIDENT

(CONTINUED)

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V C.

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Company of Grand Company of Compa	E S CORRES E STATE A SAMERICA DE LES ALBERTANTES DE LES ALBERTANTES DE LES ALBERTANTES DE L'ANDRES DE
AMBR	SINNY FRANK 184010 OCEGIA CIE, Free
AMBR	JOEL M. FRANK, SR. JA341 NIN 33 ST HOLLYWOOD, FL. 33024
	,
(Use attachment if necessary) EV: Effective date, if other than the decrive date is listed, the date must be spliffiling.) EVI: Other provisions, it any.	are of filing: (OPTIONAL) necific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the decrive date is listed, the date must be splitting.) E VI: Other provisions, it any. REQUIRED SIGNATURE Signature of an other constitutes an affirmation of a may be a m	increber or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document of penalties of perjury that the facts stated herein are true. Information subtained in a document to the Department of State clony as provided for in s.817.155, F.S.)
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E V: Effective date, if other than the decrive date is listed, the date must be spot filling.) E VI: Other provisions, it any. REQUIRED SIGNATURE Signature of a recordance with section constitutes an affirmation of a mature that any degree for constitutes a third degree for the section constitutes at the section	member or an authorized representative of a member. 1 605:0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.) Typod or printed name of signee Filing Fees: Organization and Designation of Registered Agent