## 14000122 916

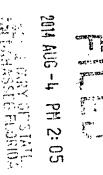
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300262664183

300262664183 08/04/14--01029--012 \*\*125.00



AUG 0 5 2014 D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sunshine S Learning Center 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:	,	
Name of Person		
Firm/Company		
7801 Sheridan st Address		
Hollywood Fl 33024  City/State and Zip Code		
sunshineslearningcenter@live.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	2814	
Yanet Soto at ( 954 ) 629-7060 : · · ·	F	mų.
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:	3 [	nrig y
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee  ☐ Certificate of Status  ☐ Certified Copy  ☐ Cer		* * * * * * * * * * * * * * * * * * *

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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Sunshine S Learning Center LLC	11 11 11 C	2 61 LC 23
(Must end with the words "Lii	nited Liability Company, "L.L.C.,	or "LDC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
7801 Sheridan st Hollywood Fl 33024	7801 Sheridan st Hollywood Fl 33024	
Hollywood Pi 33024	10//W000 F1 33024	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	own Registered Agent. You must	
The name and the Florida street address of the regis	stered agent are:	
Idalis Fuentes	Name	_
	vame	
7801 Sheridan st Florida street address (P.C	Box NOT acceptable)	-
Hollywood	FL 33024	<del>-</del> -
City	Zip	
<i>/</i>	accept the appointment as registere sions of all statutes relating to the phe obligations of my position as registere 605, F.S	d agent and agree to act in this proper and complete performance
Registered Agent's	Signature (REQUIRED)	
(CON	rinued)	
Pag	e 1 of 2	4 1 th 10 th

<u> Citle:</u>	Name and Address:
AMBR" ≈ Authorized Member	
MGR" = Manager	
MGR	Idalis Fuentes
	7801 Sheridan st
	Hollywood FI 33024
	110/19W00011133024
MGR	Venet Cata
WGK	Yanet Soto
	7801 Sheridan st
	Hollywood FI 33024
	· · · · · · · · · · · · · · · · · · ·
	· ——— · <del>———</del>
Use attachment if necessary)	
V: Effective date, if other than the date of tive date is listed, the date must be specified.	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.) EVI: Other provisions, if any.	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 9
E.V: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the constitutes an affirmation under the constitutes are section 605.0 constitutes.	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document me penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  EVI: Other provisions, if any.  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document me penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
EV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false informatic constitutes a third degree felony a lidalis Fuentes.	per or an authorized representative of a member.  1203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
EV: Effective date, if other than the date of ctive date is listed, the date must be specif filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false informatic constitutes a third degree felony a ldalis Fuentes.	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)  Typed or printed name of signee
CV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)  CVI: Other provisions, if any.  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a Idalis Fuentes  Total	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document me penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State s provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false informat constitutes a third degree felony a ldalis Fuentes.	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)  Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

