

L14 006188698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

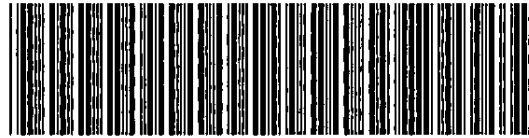
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 11 2014

LAW OFFICES
**AYRES, CLUSTER, CURRY,
McCALL, COLLINS & BANKS, P.A.**

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11714 NE 62ND TERRACE, SUITE 500
THE VILLAGES, FL 32162-8621
TEL: 352.751.5674 • FAX: 352.751.5031
18 NE FIRST AVENUE, OCALA, FL 34470-6658
TEL: 352.351.2222 • FAX: 352.751.5031

AYRESCLUSTERLAW.COM



Willard Ayres - 1910-1988

REPLY TO OCALA OFFICE
EMAIL: rob.mclean@ayresclusterlaw.com

December 1, 2014

Via Certified Mail - RRR

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sunshine Motorcycle Training, LLC

Dear Sir or Madam:


Enclosed please find the following for my clients, Jacob Sistrunk and Sunshine Motorcycle Training, LLC.

1. Cover Letter for Sunshine Motorcycle Training, LLC.;
2. Articles of Organization for Florida Limited Liability Company;
3. \$125.00 Check #1080 as Filing Fee for Articles of Organization
4. Designation of Registered Agent.

Please process the enclosed Application for Sunshine Motorcycle Training, LLC.
If you have any questions please do not hesitate to contact my office at (352) 351-2222.

Sincerely,

AYRES, CLUSTER, CURRY,
McCALL, COLLINS & BANKS, P.A.


Robert H. McLean, Esquire
For the Firm

RHM/geh
Enclosures
cc: Jacob Sistrunk

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunshine Motorcycle Training, LLC
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:

Robert H. McLean
Name of Person

Ayres, Cluster, Curry, McCall, Collins & Banks, PA
Firm/Company

11714 NE 62nd Terrace, Suite 500
Address

The Villages, FL 32162
City/State and Zip Code

rob.mclean@ayresclusterlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert H. McLean at (352) 3521-2222
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine Motorcycle Training, 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:

Mailing Address:

303 Route 301 Blvd W
Bradenton, FL 34205

P.O. Box 152011
Tampa, FL 33684

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:

Robert H. McLean

Name

11714 NE 62nd Terrace, Suite 500

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

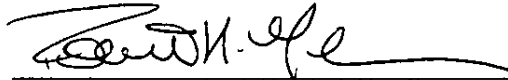
The Villages

FL 32162

City

Zip

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)

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TALLAHASSEE, FLORIDA

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

Name and Address:

Jacob Sistrunk

P.O. Box 152011

Tampa, FL 33684

(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:



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.)

Jacob Sistrunk

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)

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SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA