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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

J. Shivers DEC 1 9 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: In The Sun Concepts, 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:
Chad D. Rawlings
Name of Person
Firm/Company
P.O. Box 740053
Address
Orange City FL 32774-0053
1 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chad Rawlings at (307) 746 8389 Name of Person at (307) Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{ \$\sum_{130.00}\$ Filing Fee & Certificate of Status } \sum_{130.00}\$ \text{ \$\sum_{130.00}\$ Filing Fee & Certificate of Status & Certif

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:	•
In The Sun Concer (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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
0range City FL 32763	P.O. Box 740053 Orange City FL 32774-0053
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered. Chad Display Name	aculings
Florida street address (P.O. Box	
Orange City	FL 32763
the place designated in this certificate, I hereby accept	21p vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this
	f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in
Chapte (Chapte	# 605 F.S
Registered Agent's Signati	ife (REQUIRED)
(CONTINUE	
Page 1 of 2	AH 8: 16 OF SIATE OF LORIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerAM R R	Charl D. Rawlings P.D. Box 740053 Orange City FL 32774-00
	
(Use attachment if necessary)	
EV: Effective date, if other than the da	ate of filing: 01-01-2015 (OPTIONAL)
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Effective date, if other than the date date is listed, the date must be ang.) Other provisions, if any. UIRED SIGNATURE: Signature of a real (In accordance with section constitutes an affirmation under the section and the section constitutes at third degree feles).	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this decimien and the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of States only as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

ARTICLE IV-