## L15000069370

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Effective Date 3/2/20/5

04/06/15--01014--008 \*\*125.00

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4/2/11/5

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Sullyniks, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	William G. Sullivan	Name of Person	····
	Sullyniks, LLC	F. 70	
		Firm/Company	
	128 Pine Street	Address	
	Atlantic Beach, FL 32233	City/State and Zip Code	
SL	ullyniks  c@gmail.com E-mail address: (to be use	d for future annual report notificati	on)
For fur	ther information concerning this matter, plea	ase call:	
Willian	m G. Sullivan at (	201 ) 895-4197 Area Code Daytime Tele	phone Number
Enclos	ed is a check for the following amount:		
<b>Z</b> ] \$125.0	0 Filing Fee   □\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Addre Registration Section Division of Corporatio Clifton Building	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Effective Date 3 | 31 | 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sullyniks, LLC	
	Liability Company, "L.L.C.," or "LLC.")
Abruary	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
128 Pine Street	128 Pine Street
Atlantic Beach, FL 32233	Atlantic Beach, FL 32233
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a William G. Sullivan	
Name	
128 Pine Street	
Florida street address (P.O. Box ]	NOT acceptable)
Atlantic Beach	FL 32233
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	n)

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	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Cindy D. McClary
<del>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </del>	
V: Effective date, if other than the date of tive date is listed, the date must be specified.	filing: <u>March 31, 2015</u> . (OPTIONAL) fic and cannot be more than five busin <del>e</del> ss days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
	ic and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.	ic 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 specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member of a member of the date of	oer or an authorized representative of a member.
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0)	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  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 an affirmation under the constitutes are section 605.0 constitutes an affirmation under the constitutes are section 605.0 constitutes 605.0 c	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.
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V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony a William G. Sullivan	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.)
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