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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

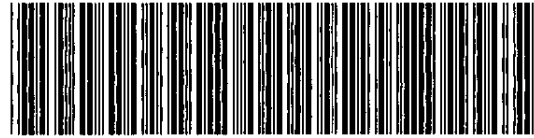
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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Mr. Andrew L. Shirvell  
P.O. Box 353701  
Palm Coast, FL 32135

June 24, 2015

**Sent Via U.S. Mail**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Sunny Skies Mediation Service, LLC

To Whom It May Concern:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Andrew L. Shirvell  
Sunny Skies Mediation Service, LLC  
P.O. Box 353701  
Palm Coast, FL 32135  
[shirvell@sbcglobal.net](mailto:shirvell@sbcglobal.net)

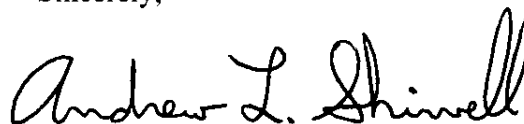
For further information concerning this matter, please call:

Mr. Andrew L. Shirvell at (734) 476-3916.

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed).

Sincerely,

A handwritten signature in black ink that reads "Andrew L. Shirvell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Andrew L. Shirvell

Enclosures.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunny Skies Mediation Service, 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:**

39 Burnside Drive, Palm Coast, FL 32137

**Mailing Address:**

P.O. Box 353701, Palm Coast, FL 32135

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:

Andrew L. Shirvell

Name

39 Burnside Drive

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

Palm Coast

FL

32137

City

State

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..*

Andrew L. Shirvell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Andrew L. Shirvell, P.O. Box 353701, Palm Coast,  
FL 32135

AMBR

Rosina Shirvell, 39 Burnside Drive, Palm Coast, FL  
32137

(Use attachment if necessary)

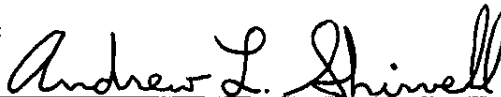
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

Andrew L. Shirvell

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)