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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Sunshine Capitol Media LLC.		
CODULC		Limited Liabili	ty Company
The enclo	osed Articles of Organization and fee(s	s) are submitted	for filing.
Please ret	urn all correspondence concerning thi	s matter to the f	ollowing:
	Anamet Cruz		
	-	Name of	Person
	Sunshine Capitol Media LLC		
		Firm/Co	mpany
	3300 E. 4 Ave #10		
		Addre	ess
	Hialeah, Florida 33013		
	suncapmedia@gmail.com	City/State and	d Zip Code
	E-mail address: (to be u	ised for future a	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	Anamet Cruz	7 86	970-4610
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 I	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	o Filing Fee & \$\ \text{Certificate of Status & Certified Copy} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{array}
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FIL SECRETARY TALLAHASSI 15 OCT -5	' OF STATE FE, FLORIDA
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Page 1 of 2

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Anamet Cruz 1341 W 37 St. Hialeah, Fl. 33012	
AMBR	Angela Rocio Fernandez 5530 N.W. 181 Ter.	SECRE TALLAH
AMBR	Miami Gardens, Fl. 33055 Barbara Gonzalez 7625 W 14th Ct.	TARY OF S
	Hialeah Fl. 33014 ψ	STATE
(Use attachment if necessary)		
he date of filing.)	and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be li	
ARTICLE VI: Other provisions, if any.		_
This document is executed(ip- I am aware that any false infor	or an authorized representative of a member. raccordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.	-
Anamet Cruz Typ	ped 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)