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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2015

PATTI CONNORS SUNSHINE SOAP COMPANY LLC 4007 BASSWOOD DR. SARASOTA, FL. 34232

SUBJECT: SUNSHINE SOAP COMPANY LLC

Ref. Number: W15000057944

We have received your document for SUNSHINE SOAP COMPANY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious name can not be converted.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 715A00018421

## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJEC	Sunshine Soap Company LLC	
SOMEC	Name of Limited Liability	Company
The enclo	closed Articles of Organization and fee(s) are submitted for	r filing.
Please ret	return all correspondence concerning this matter to the following	owing:
	Patricia J. Connors	
	. Name of Pe	rson
	Sunshine Soap Company LLC	
	Firm/Comp	any
	4007 Basswood Drive	
	Address	
	Sarasota, FL 34232	
	City/State and Z patticonnors@outlook.com	Tip Code
	E-mail address: (to be used for future annual	ual report notification)
For further	ner information concerning this matter, please call:	
	Patti Connors 941-780-4913 9	941-780-4913
		Daytime Telephone Number
Enclosed	ed is a check for the following amount:	
\$125.001	Certificate of Status Certified	copy is enclosed) Certified Copy
	Mailing AddressStrNew Filing SectionNeDivision of CorporationsDiP.O. Box 6327CliTallahassee, FL 32314260	reet Address ow Filing Section vision of Corporations ifton Building 61 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sunshine Soap Co	mpany LLC		
(Must en	d with the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal off	ice of the Limited L	iability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
4007 Basswood D	rive	4007 Basswood Drive	
Sarasota, FL 34232		Sarasota, FL 34232	
ARTICLE III - Registered A	gent, Registered Office, &	Registered Agent	's Signature:
Sarasota, FL 3423:  ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a	Registered Agent (Cognition of Cognition of	's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a	Registered Agent (Cognition of Cognition of	's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a	Registered Agent Registered Agent. You )	's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	egent, Registered Office, & ny cannot serve as its own R n active Florida registration. The address of the registered a Patricia J. Connors	Registered Agent (egistered Agent. Yes)  gent are:	's Signature: ou must designate an individu
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	egent, Registered Office, & ny cannot serve as its own R n active Florida registration. Let address of the registered a Patricia J. Connors	Registered Agent (egistered Agent. Yes)  gent are:	's Signature: ou must designate an individu

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Citle:</u>		Name and Address:
	thorized Member	
MGR" = Man Manager		Patricia Connors
vialiagei		4007 Basswood Drive
		Sarasota, FL 34232
		Saldsota, 1 L 34232
		<del></del>
**-	<del></del>	
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	<del></del>	
		**************************************
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ARTICLE IV-

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