

4160000087786

(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



300285637883

05/10/16--01004--018 **125.00

RECEIVED
DEPARTMENT OF STATE
MAY 10 10 30 PM 3:30
ACKNOWLEDGE
TO AKNOWLEDGE
SUFFICIENCY OF FILING
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 10 10 30 PM 3:47

MAY 10 2016
T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sunshine Aging Care Solutions, LLC

Signature _____

Requested by: Seth

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

**ARTICLES OF ORGANIZATION OF
SUNSHINE AGING CARE SOLUTIONS, LLC**

The undersigned certifies she is acting as the organizing Member for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further certifies that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE I
NAME AND PRINCIPAL PLACE OF BUSINESS

The name of the limited liability company shall be **SUNSHINE AGING CARE SOLUTIONS, LLC**, and its principal office shall be located at 450 Leather Fern Place, in the City of Sanibel, 33957, County of Lee, State of Florida, but it shall have the power and authority to establish branch offices at any other place or places as the Member(s) may designate. The mailing address shall be 450 Leather Fern Place, Sanibel, Florida 33957.

ARTICLE II
PURPOSES AND POWERS

In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business or businesses to be transacted and which the limited liability company is authorized to transact, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes.
2. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things set forth in these Articles to the same extent as a natural person might or could do.
3. To purchase or otherwise acquire, undertake, carry on, improve, or develop, all or any of the business, good will, rights, assets, and liabilities of any person, firm, association, or corporation carrying on any kind of business of a similar nature to that which this limited liability company is authorized to carry on, pursuant to the provisions of these Articles; and to hold, utilize, and in any manner dispose of the rights and property so acquired.
4. To enter into and make all necessary contracts for its business with any person, entity, partnership, association, corporation, domestic or foreign, or of any domestic or foreign state, government, or governmental authority, or of any political or administrative subdivision, or department, and to perform and carry out, assign, cancel, or rescind any of such contracts.
5. To exercise all or any of the limited liability company powers, and to carry out all or any of the purposes, enumerated in these Articles and otherwise granted or permitted by law, while acting as agent, nominee, or attorney-in-fact for any persons or corporations, and perform any service under contract or otherwise for any corporation, joint stock company, association, partnership, firm, syndicate, individual, or other entity, and in this capacity or under this

FILED
16 MAY 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

arrangement develop, improve, stabilize, strengthen, or extend the property and commercial interest of the property and to aid, assist, or participate in any lawful enterprise in connection with or incidental to the agency, representation, or service, and to render any other service or assistance it may lawfully do under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit.

6. To do everything necessary, proper, advisable, or convenient for the accomplishment of any of the purposes, or the attainment of any of the objects, or the furtherance of any of the powers set forth in these Articles, either alone or in association with others incidental or pertaining to, or going out of, or connected with its business or powers, provided the same shall not be inconsistent with the laws of the State of Florida.

The several clauses contained in this statement of the general nature of the business or businesses to be transacted shall be construed as both purposes and powers of this limited liability company, and statements contained in each clause shall, except as otherwise expressed, be in no way limited or restricted by reference to or inference from the terms of any other clause. They shall be regarded as independent purposes and powers.

Nothing contained in these Articles shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the limited liability company to carry on any business, exercise any power, or do any act which a limited liability company may not, under Florida laws, lawfully carry on, exercise, or do.

ARTICLE III **INITIAL MEMBERS**

There shall be one initial member of this limited liability company, whose name, address and percentage of ownership are as follows:

JEWELYN D. SIMS	100%
450 Leather Fern Place	
Sanibel, Florida 33957	

ARTICLE IV **EXERCISE OF POWERS**

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this limited liability company shall be managed under the direction of, the member(s) of this limited liability company. This Article may be amended from time to time in the Operating Agreement of the limited liability company by the vote of the member(s) of the limited liability company.

ARTICLE V **MANAGEMENT**

The limited liability company shall be managed by its member(s):

FILED
16 MAY 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JEWELYN D. SIMS
450 Leather Fern Place
Sanibel, Florida 33957

ARTICLE VI
DISTRIBUTIONS

The member(s) shall be entitled to the net profits, as defined in the Operating Agreement, arising from the operation of the limited liability company business that remain after the payment of the expenses of conducting the business of the limited liability company. The distribution of the profits shall be determined as provided in the Operating Agreement of the company.

ARTICLE VII
DURATION

The limited liability company shall commence on the date the Articles of Organization are duly filed as required by law and shall continue in existence until terminated, liquidated or dissolved, as provided in the Operating Agreement adopted by the member(s).

ARTICLE IX
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is 1833 Hendry Street, Fort Myers, Florida 33901, and the name of the company's initial registered agent at that address is **CHRISTINA HARRIS SCHWINN**.

The undersigned, being the organizing member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of **SUNSHINE AGING CARE SOLUTIONS, LLC**.

Executed by the undersigned on the 9th day of May, 2016.

SUNSHINE AGING CARE SOLUTIONS, LLC
a Florida Limited Liability Company

By: 

Jewelyn D. Sims, Member

FILED
16 MAY 10 PM 3:47
SECRETARY OF STATE
FLORIDA

STATE OF FLORIDA)
COUNTY OF LEE)

I HEREBY CERTIFY that before me the undersigned authority, duly authorized to take acknowledgments and administer oaths personally appeared JEWELYN D. SIMS, who is personally known to me or who produced Florida drivers license as identification to be the person who made and subscribed to the foregoing Articles of Organization and certifies and acknowledges that she made and executed said Articles for the use and purposes therein expressed.

WITNESS my hand and official seal this 9th day of May, 2016.

(seal)



Sandra L. Corace
Printed Name: Sandra L. Corace
Notary Public, State of Florida
My Commission Expires: 10/25/2019
My Commission Number: FF 244869

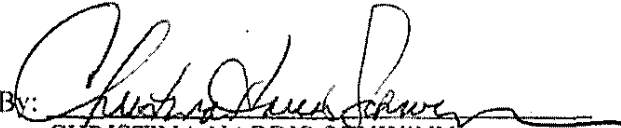
FILED
16 MAY 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48:091, Florida Statutes, the following is submitted, in compliance, with said Act:

First--That **SUNSHINE AGING CARE SOLUTIONS, LLC** desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Organization, at City of Sanibel, County of Lee, State of Florida, has named **CHRISTINA HARRIS SCHWINN**, located at 1833 Hendry Street, City of Fort Myers, County of Lee, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENTS:

Having been named to accept service of process for the above-stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 
CHRISTINA HARRIS SCHWINN
Registered Agent

FILED
16 MAY 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA