

L16000114861

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

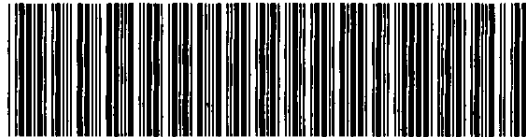
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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05/02/16--01029--015 \*\*125.00

16 MAY - 2 AM 9:09

RECEIVED  
DIVISION OF CORPORATIONS  
MAY 16 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

16 JUN 14 AM 10:15

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

June 1, 2016

DANNY ROSS  
14451 116th AVE N  
LARGO, FL 33774

SUBJECT: UNDER THE SUN COUNTERTOPS LLC  
Ref. Number: W16000039786

We have received your document for UNDER THE SUN COUNTERTOPS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 516A00011446

16 MAY - 2 AM 9:09  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Under the Sun Counter <sup>Tops</sup> LLC.  
Name of Limited Liability Company

16 MAY -2 AM 9:09

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danny Ross

Name of Person

Firm/Company

14451 116<sup>th</sup> Ave N.

Address

Largo, FL 33774

City/State and Zip Code

elmer.ross.76@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danny Ross

Name of Person

at (

722)

Area Code

612-5601

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



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

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Under the Sun Cointer Tops 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:

14451 116<sup>th</sup> Ave N.  
Largo, FL 33774

Mailing Address:

P.O. Box 14451 116<sup>th</sup> Ave N.  
Largo FL 33774

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:

Danny Ross  
Name  
14451 116<sup>th</sup> Ave N.  
Florida street address (P.O. Box **NOT** acceptable)  
Largo FL 33774  
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..

X / [Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAY -2 AM 9:09

SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

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(Use attachment if necessary)

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

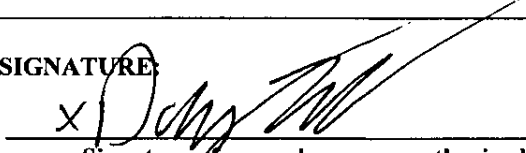
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

X 

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Danny Ross.

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)

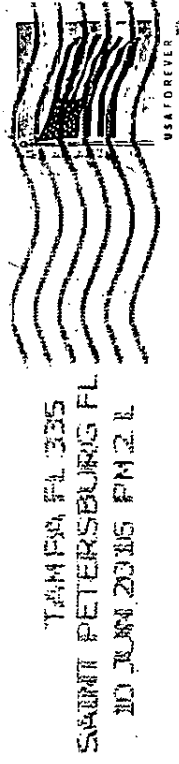
\$ 5.00 Certificate of Status (Optional)

16 MAY - 2 AM 9:09

DEPARTMENT OF STATE  
DIVISION OF CORPORATE REGISTRATION

14457 116<sup>th</sup> Ave N.  
Largo FL 33774

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



32314-632727

