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SECRETARY OF STATE

FILED

2 02/21/17

COVER LETTER

: TO: Registration Section Division of Corporations	
SUBJECT: Sunshine Event Staffing LLC	
Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Paula Neier	
	Name of Person
Sunshine Event Staffing LLC	
<u>-</u>	Firm/Company
	6142 Carrett ST Address
	Address
	Jupiter FL 33458 City/State and Zip Code
	City/State and Zip Code
pessn1@aol.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, ple	
•	
Paula Neierat (561 512-2602 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration 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:		
Sunshine Event Staffing LLC (Must end with the words "Limited	Liability Company, "L.L.C."	or "LLC")
	Enouncy company, E.E.C.,	o. 120.)
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address: 6/47	
6142 GARRETT ST. JUDITER, FL. 33458	5743 GH	RRETT ST
JUPITER, FL. 33458	Jupiter, Fo	2. 33458
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered.	Registered Agent. You must d n.)	
The name and the Florida street address of the registered	agent are:	
Paula Neier Name		
, ,,		
6142 GAPRE		
Florida street address (P.O. Box		
- Jupiter City	FL 39458 Zip	•
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication. Registered Agent's Signature.	t the appointment as registered of all statutes relating to the proligations of my position as register 605, F.S.	agent and agree to act in this oper and complete performance
(CONTINU	FD)	11 SE TALI
		CRE LAF
Page 1 of 2		FILED 17 FEB 20 AM 8: 43 SEUREIARY OF SIAIE LLAHASSEE, FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Paula Neier
	JUDITER, FL. 33458
MGR	Steven Pfeifer 239 Beach City Rd Ste 1221
	Hilton Head Island, SC 29926
E V: Effective date, if other than the dective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the dective date is listed, the date must be of filing.)	
E V: Effective date, if other than the dective date is listed, the date must be of filing.)	
(Use attachment if necessary) E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or sometimes of a member.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false interests.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document needs the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false interest in the control of the constitutes are affirmation up I am aware that any false interests.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document needs the penalties of perjury that the facts stated herein are true.
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E V: Effective date, if other than the detective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false ind constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document needs the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Moonlite Event Staffing LLC

INITIAL LIST OF MEMBERS

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The following named person(s) shall constitute the initial members of Sunshine Event Staffing LLC:

Paula Neier

6142 Garrett St

Jupiter, FL 33458

Steven Pfeifer 239 Beach City Rd Ste 1221 Hilton Head Island, SC 29926

Paula Neier, Organizer

Date