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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
Sunrise Adaptive Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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17 JUN 19 PM 3:36  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



June 19, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: SUNRISE ADAPTIVE SOLUTIONS, LLC  
REF: W17000050797

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

The document is illegible and not acceptable for imaging.

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.

Carlos E Rico  
Regulatory Specialist II

FAX Aud. #: B17000161634  
Letter Number: 917A00012364

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is: **Sunrise Adaptive Solutions, LLC**

**ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS**


The physical place of business and mailing address is:

Physical Address:  
8133 Sycamore Drive  
New Port Richey FL 34654

**ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature**

The name and Florida Street address of the initial registered agent is: Steven K. Parnell  
8133 Sycamore Drive  
New Port Richey FL 34654

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.

  
\_\_\_\_\_  
Signature/Registered Agent

14 JUN 17  
Date

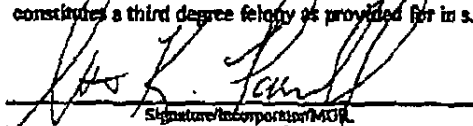
**ARTICLE IV Manager(s)**

The name, title and address of each person authorized to manage and control the Limited Liability Company:  
Steven K. Parnell, MGR  
8133 Sycamore Drive  
New Port Richey FL 34654

**ARTICLE V EFFECTIVE DATE**

The effective date of this filing: Immediately upon filing

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (2)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

  
\_\_\_\_\_  
Signature/Incorporation/MGR

STEVEN K PARNELL  
Printed name of Signer

605.0203 (2)(b)  
JUN 19 AM 6:59  
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SECRETARY OF STATE  
FLORIDA  
14 JUN 17  
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