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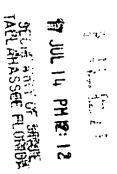
(Requestor's Name)
(Address)
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(160.655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2, 2/12/17

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Sun Pleasures Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
To lisha Andrews Name of Person
Sun Pleasures Firm/Company
6430 Taylor Ridge Rd Address
Mutginely At 3616 City/State and Zip Code Supleasures II C@mail. Com E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To lista Andrews at (334) 657-2413 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee
Mailing Address New Filing Section New Filing Section

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L	J.C. "or "LLC")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	
Principal Office Address:	Mailing Address:
503 Granada Ciecle #C 6 Prinama City Becch, F12 7243 0	nontgonkey Ar 36111a
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Margaret Brown	JUL 1-L
5589 HWW 79	SEC. TO
Florida street address (P.Ø Box NOT acce	eptable)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Chart Can

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)

Maynet Brown
Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Tolisha Andrews 6430 Tayor Ridge Rd
AMBR	Valorie Fleurimond 19513 Fix Leigh Court Montgamer of 36/16
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spetthe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is execute	mber or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)