

L18000280353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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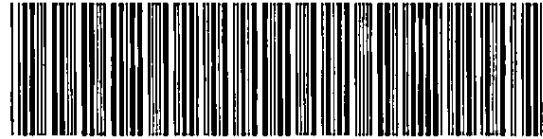
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. PAGE

DEC 07 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SUNSHINE GIRLS, LLC

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:

LAWRENCE LAMBERT, ESQ.

Name of Person

LAW OFFICE OF LAWRENCE B. LAMBERT

Firm/Company

9100 S. DADELAND BLVD., SUITE 400

Address

MIAMI, FL 33156

City/State and Zip Code

LLAMBERT@LLAMBERTLAW.COM

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

For further information concerning this matter, please call:

Lawrence Lambert 305 459-3033

Name of Person Area Code 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:

SUNSHINE GIRLS, LLC

(Must contain 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:

Mailing Address:

12727 SOUTH DIXIE HIGHWAY
PINECREST, FL 33156

16530 SW 298TH TER
HOMESTEAD, FL 33033

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:

NMO DINNERS, INC.

Name

12727 SOUTH DIXIE HIGHWAY

Florida street address (P.O. Box **NOT** acceptable)

PINECREST

FL

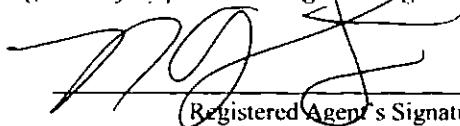
33156

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

BARBEE LEE SNYDER

16530 SW 298TH TER.

HOMESTEAD FL 33033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: OCTOBER 31, 2018 (OPTIONAL)

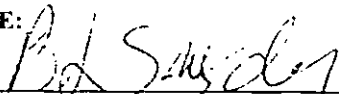
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The Company's purpose and business is to engage in any and all lawful business permissible under the laws of the State of Florida and United States of America. The Company has the power to do any and all lawful acts reasonably necessary, appropriate, advisable, incidental and convenient to or for the furtherance of the business and its protection and benefit.

REQUIRED SIGNATURE:



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.

BARBEE L SNYDER

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)

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FALL ADJUSTER, FLORIDA