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## COVER LETTER

10:	Division of Corporations	
SUBJE	ст:	Sunshine Dresents, LLC Name of Limited Liability Company
		Traine of Islanded Findonty Company
The end	dosed Articles of Organization	on and fee(s) are submitted for filing.
Please	return all correspondence cor	cerning this matter to the following:
		Franklin Dickey 3
		Firm/Company
	156	3 Capital Circle SE #363
	Micron	city/State and Zip Code nozar + + O hotmail. com
	E-mail addı	ress: (to be used for future annual report notification)
For furtl	ner information concerning th	625 - 2562
	Franklis D	Area Code Daytime Telephone Number
	Name of Persoi	Area Code Daytime Telephone Number
Enclos	ed is a check for the followir	ng amount:
<b>S125.</b> 0	00 Filing Fee \$130.00 Certific	Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)   S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	
	Division of Corp	grations Division of Corporations
	P.O. Box 6327 Tallahassee, FL 3	Clifton Building 32314 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:
DJ sunshine Dresents, 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:
1563 Capital circle SE #363 SAME
TALLAMASSEC, F.L. 32311
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:
Franklin Dicken
Name
1563 CAPITAL Circle SE #363
Florida street address (P.O. Box <u>NOT</u> acceptable)
City State Zip
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 / Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authoriz	red Member	Name and Address:
"MGR" = Manager	1	Franklin Diday 3 1563 CAPITAT Circle
	_	
<del></del>	_	
(Use attachment if no	ecessary)	
n effective date is listed, (		filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after
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ARTICLE IV-