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The Karniewicz Law Group

3834 W. Humphrey Street Tampa, Florida 33614 Telephone: (813) 962-0747 Toll Free: (866) 821-0747

Fax: (813) 962-0741

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March 13, 2019

Judy Karniewicz, Esq. judy@tklg.net Of Counsel: Kelly N. Catoe, Esq.

kelly@tklg.net

New Filing Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Articles of Organization for Sunshine Well and Pump Repair, LLC

Dear Sir or Madam:

Enclosed please find the following documents:

- 1. Cover Letter and Articles of Organization for Florida Limited Liability;
- 2. Affidavit of Owner and Officer of Sunshine Well and Pump Repair, Inc.; and
- 3. Check in the amount of \$125.00 to cover the filing fee.

Please contact us if you have any questions or concerns.

Liza Menietti.

Paralegal

Sincerely

JK:lm

Enclosures

COVER LETTER

	New Filing Section Division of Corporations				
SUBJECT	Sunshine Well and Pump Repair, LLC				
Sobarci	Name of Limited Liability Company				
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.			
Please retu	arn all correspondence concerning this matter to the	following:			
	Judy Karniewicz, Esq.				
	Name of	Person			
	The Karniewicz Law Group				
	Firm/Company				
	3834 W Humphrey St.				
	Address				
	Tampa, FL 33614				
	City/State ar julie@tklg.net	nd Zip Code			
<u>-</u>	E-mail address: (to be used for future	annual report notification)			
For further is	information concerning this matter, please call:				
	Judy Karniewicz 813	962-0747			
		Daytime Telephone Number			
Enclosed is	s a check for the following amount:				
\$125.00 Fi	Certificate of Status Certificate	\$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 1 - Name:				
The name of the Limited Liability Con	npany is:			
Sunshine Well and Pump I	Repair, LLC			
	e words "Limited Liabi	lity 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:	
82 Locust Drive Ocala, FL 34472			82 Locust Drive Ocala, FL 34472	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot another business entity with an active). The name and the Florida street address.	ot serve as its own Reg Florida registration.)	stered Agent.		odividual or
<u>Jud</u>	ly Kamiewicz			
Name				
383	3834 W Humphrey St.			
Flo	Florida street address (P.O. Box NOT		cceptable)	
<u>Tar</u>	mpa	FL	33614	
	City	State	Zip	
Having been named as registered agent of place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligation————————————————————————————————————	eby accept the appointmens of all statutes relating ons of my position as re-	ent as régistere g ur the proper gistered agent d	ed agent and agree to act and complete performan	in this capacity. I ace of my duties, and I

MAR 18 AN I:

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kimberly S. Hunt
	82 Locust Drive
	Ocala, FL 34472
MGR	Stephen A. Hunt
Mor	82 Locust Drive
	Ocala, FL 34472
	Oddia, 1 D J 11/2
	
	
(Use attachment if necessary)	
ne date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed a rument of State's records.
REQUIRED SIGNATURE:	•
4/: 1	1 C11 A
<u> Denibu</u>	ly 2 Mint
This document is I am aware that a	of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State degree felony as provided for in s.817.155, F.S.
Kimberly	S. Hunt
	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)

as

AFFIDAVIT OF OWNER AND OFFICER OF SUNSHINE WELL AND PUMP REPAIR, INC.

STATE OF FLORIDA COUNTY OF MARION

We, Kimberly S. Hunt and Stephen A. Hunt, (Affiants), being duly sworn, state under oath that:

- 1. Kimberly S. Hunt is the sole Owner of Sunshine Well and Pump Repair, Inc., Document No. P10000000318 (the "Corporation");
 - 2. Stephen A. Hunt is an Officer of the Corporation;
- 3. We are in the process of finalizing the business of the Corporation and we will be dissolving the Corporation once its business is concluded.
- 4. While we are finalizing the business of the Corporation and prior to dissolving the same, we wish to register its name as a Florida Limited Liability Company: Sunshine Well and Pump Repair, LLC;
- 5. We will be the sole Owners and Managers of Sunshine Well and Pump Repair, LLC.

Signed under penalties of perjury this ______ day of Morch ______ 2019 _______ Kimberly S. Hunt, Affiant

Stephen A. Hunt, Affiant

STATE OF FLORIDA COUNTY OF MARION



Notary Public (Signature)