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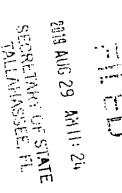
(Requestor's Name)		
(Address)		
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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N CULLIGAN: SEP 9 2019

COVER LETTER

TO: Registration Section Division of Corporations	
·	tals South LLC
SUBJECT: UNITED (Name of Lin	nited Liability Company)
The enclosed Articles of Organization and fee(s) at	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Keith Bellinge	R
- ACITA DELINGE	(Name of Person)
	(Firm/Company)
1648 Donna Pa West Palm Bea	L
	(Address)
West Palm De	ech FL 33409
	Jity/State and Zip Code)
For further information concerning this matter, plea	no codle
\sim \sim \sim \sim	_
Keith Bellinger	at (<u>954)</u> <u>931-9606</u> (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S125.00 Filing Fee Certificate of Status	& S155.00 Filing Fee & S160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporation P.O. Box 6327	s Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Sunlast Metals	outh LLC	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
1648 Donna Rd West Pelm Beach FL 33409	1648 Donna Rd West Yeln Brech FL 33409	
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: Very Horizontal Company Compan		
liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and steral agent as provided for in Chapter 608, F.S.	

rgent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

_	
Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address:
	Keith Bellinger 16191 73 CTN Loxahatchee FL 33470
	SECE AL
	10 29 I
	SECRETARY OF STATEMENT OF STATE
(Use attachment if necessary)	0 1 10
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be o or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: /	<i>'</i> .'
Marie	
Signature of a member	r or an authorized representative of a member.
	ction 608,408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)