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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

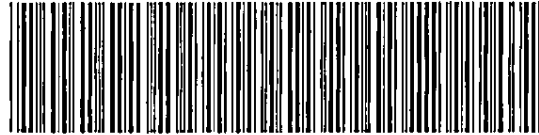
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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20 JAN -6 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN -6 AM 11:36

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Corporation Name & Document Number, (if known):**

1. Sunshine Marriott TN LLC

\_\_\_\_\_  
(Corporation Name)

\_\_\_\_\_  
Document #

2. \_\_\_\_\_

\_\_\_\_\_  
(Corporation Name)

\_\_\_\_\_  
Document #

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\_\_\_\_ Will wait

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**NEW FILINGS**

\_\_\_\_ Profit

\_\_\_\_ Not for Profit

☒ Limited Liability

\_\_\_\_ Domesitication

\_\_\_\_ Other

**AMMENDMENTS**

\_\_\_\_ Amendment

\_\_\_\_ Resignation of R.A. Officer/Director

\_\_\_\_ Change of Registered Agent

\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_ Annual Report

\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign

\_\_\_\_ Limited Partnership

\_\_\_\_ Reinstatement

\_\_\_\_ Trademark

\_\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** Sunshine Marriott TN 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:

Rajitha Dundigalla  
\_\_\_\_\_  
Name of Person  
  
Sunshine Marriott TN LLC  
\_\_\_\_\_  
Firm/Company  
  
12706 EAGLES ENTRY DRIVE  
\_\_\_\_\_  
Address  
  
ODESSA, FL 33566  
\_\_\_\_\_  
City/State and Zip Code  
  
otherdocsforus@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lara Barua                      888                      650-3738  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNSHINE MARRIOTT TN LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12706 EAGLES ENTRY DRIVE  
ODESSA, FL 33566

Mailing Address:

12706 EAGLES ENTRY DRIVE  
ODESSA, FL 33566

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:

RAJITHA DUNDIGALLA

Name

12706 EAGLES ENTRY DRIVE

Florida street address (P.O. Box 301 acceptable)

ODESSA

City

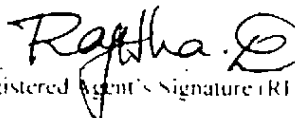
FL

State

33566

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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2020 JAN -6 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 \_\_\_\_\_

RAJITHA DUNDIGALLA  
12706 EAGLES ENTRY DRIVE  
ODDESSA, FL 33566

MGR \_\_\_\_\_

MANIK CHAMARTHY  
9716 TREE TOPS LAKE ROAD  
LAMPA, FL 33626

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:

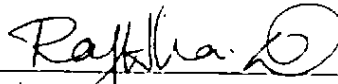
(OPTIONAL)

(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.

**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.

RAJITHA DUNDIGALLA

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)