

L2 0000 234 686

(Requestor's Name)

(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:

Office Use Only



800348681928

07/28/20--01029--015 **125.00

Derrick Thompson

COVER LETTER

TO: New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

SUBJECT: Lucky Sunsets, 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:

Deanne K. Blackburn

Name of Person

10008 Parley Dr.

Address

Tampa, FL 33626

City/ State and Zip

Dcanne689@gmail.com

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

For further information concerning this matter, please call:

Deanne K. Blackburn

Name of Person

at (440)

Area Code

552-2545

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Lucky Sunsets, LLC

ARTICLE II - ADDRESS

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

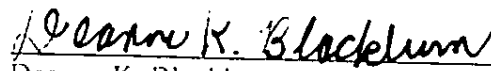
Lucky Sunsets, LLC
10008 Parley Dr.
Tampa, FL 33626

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Deanne K. Blackburn
10008 Parley Dr.
Tampa, FL 33626

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..



Deanne K. Blackburn,
Registered Agent

ARTICLE IV- MANAGERS OR MANAGING MEMBERS

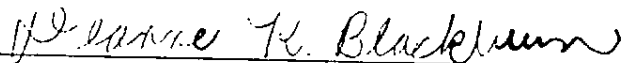
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGMR" = Managing Member	
MGMR	Deanne K. Blackburn 10008 Parley Dr. Tampa, FL 33626
MGMR	Dennis D. Blackburn 10008 Parley Dr. Tampa, FL 33626

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be upon filing.

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.

Deanne K. Blackburn
Typed or printed name of signee