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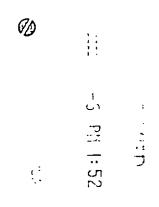
(Requestor's Name)
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PICK-JP WAIT MAIL
(Susiness Entity Name)
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Certified Copius Certificates of Status
Special Instructions to Filing Officer
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CAPITAL CONNECTION, INC.

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<u>. </u>				
SUN & SHIELD HOL	DINGS LLC			
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				rt of Inc. File
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				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
			'	Vehicle Search
	- -		I	Driving Record
Requested by: SETH	04/06/21			UCC 1 or 3 File
Name	Date	Time	<u> </u>	UCC Search
			'	UCC 11 Retrieval
Walk-In Thom saves GA 8/00	Will Pick Up		'	Courier

COVER LETTER

TO:	New Filing Section Division of Corporations				
CUDIE	SUN'& SHIELD HOLDI	NGS LLC			
SUBJE	SUBJECT: Name of Limited Liability Company				
The end	closed Articles of Organization and fee(s)	are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
	Alexander B. Rotbart, Esq.				
		Name of Person	. , , , , , , , , , , , , , , , , , , ,		
	The Rotbart Law Group, PA				
		Firm/Company			
	101-103 East Palmetto Park Road				
		Address			
	Boca Raton, FL 33432				
	adam@defernow.com	City/State and Zip Code			
		ed for future annual report ne	otification)		
For furth	er information concerning this matter, ple	ase call:			
	Alexander B. Rotbart	561 922-3217			
	Name of Person	· / 	lephone Number		
Enclose	ed is a check for the following amount:				
	5.00 Filing Fee ☐\$130.00 Filing Fee Certificate of Status	& \$\Bigcap\$\Bigcap\$\$ S155.00 Filing Fee Certified Copy (additional copy is enclosed)	Certificate of Status &		
	Malling Address	Street Addres			
	New Filing Section Division of Corporations		New Filing Section Division The Centre of Tallahassee		
	P.O. Box 6327	2415 N. Monre	2415 N. Monroe Street, Suite 810		
Tailahassee, FL 32314		Tallahassee, FL 32303			

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUN & SHIELD HOLDINGS 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:

7901 4TH STREET NORTH	7901 4TH STREET NORTH
STE 300	STE 300
ST. PETERSBURG, FL 33702	ST. PETERSBURGH, FL 33702

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:

Registered Ag	:	;		
	<u>;</u>	: ::		
7901 4th St N Ste		£ 2:		
Florida street address	(P.O. Box NOT a	cceptable)		8-
St. Petersburg	FL	33702	•	70
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..

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
<u>MGR</u>	Adam J Ausloos 7901 4th Street North Ste 300 St. Petersburgh, FL 33702		
(Use attachment if necessary)			
(If an effective date is listed, the date must be spe the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE: Signature of a me	Tulos mber or an authorized representative of a member.		
This document is execute I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
<u>Adam J Ausloos -</u>	Manager Typed or printed name of signee		

Filing Fees:

\$ 30.00 Certificate of Status (Optional)

ARTICLE IV-