

L21000154437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

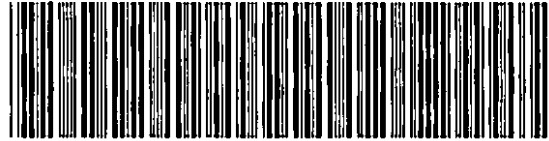
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/21--01035--014 **125.00

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2021 MAR 15 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
APR 13 2021

COVER LETTER

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

SUBJECT: SUNSHINE & BLUESKY, 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:

JOHN ESIN

Name of Person

SUNSHINE & BLUESKY, LLC

Firm/Company

1345 NE 15TH AVENUE

Address

FT. LAUDERDALE, 33304

City/State and Zip Code

johnesin@cs.com

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

For further information concerning this matter, please call:

JOHN ESIN

954

980-6042

at ()

Name of Person

Area Code

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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNSHINE & BLUESKY, 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:

1345 NE 15TH AVENUE
FT. LAUDERDALE, 33304

Mailing Address:

1345 NE 15TH AVENUE
FT. LAUDERDALE, FL 33304

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:

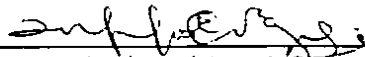
Julius Adeyiga, CPA (dba Small Business Information & Reso
Name

10031 Pines Blvd, Suite 246

Florida street address (P.O. Box **NOT** acceptable)

<u>Pembroke Pines</u>	<u>FL</u>	<u>33024</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JOHN ESIN
1345 NE 15TH AVENUE
FT. LAUDERDALE, FL 33304

ARLENE ESIN
1345 NE 15TH AVENUE
FT. LAUDERDALE, FL 33304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-11-66

To conduct and engage in the business of providing rental accomodation to guest(s) on temporary or short-term basis.
Also to conduct and engage in other legal businesses as allowed under Florida law.

SIGNATURE: _____
Signature of a member or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)