

L22000036664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

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2022 JUN 27 PM 3:01

IND. REG. DIV.

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2022 FEB -1 PM 3:10
INDIANAPOLIS, IN
IND. REG. DIV.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SUNSHINE TECH, LLC

Signature _____

Requested by: SETH

Name: _____

Date: _____

Time: _____

Walk-In: _____

Will Pick Up: _____

174 - Purcell's Printing - Tallahassee, FL 32301

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SUNSHINE TECH, 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:

SHERI CERRETA

Name of Person

ROBERT J. WELLEN, JR., P.A.

Firm/Company

1323 N. PARSONS AVE.

Address

BRANDON, FL 33510

City, State, and Zip Code

sher@cwellenpa.com

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

For further information concerning this matter, please call:

SHERI CERRETA

813

643-2904

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$100.00 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 6227
Tallahassee, FL 32314

Street Address:

New Filing Section/Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32302

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNSHINE TECH, 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:

Mailing Address:

9225 MILL CIRCLE

9225 MILL CIRCLE

TAMPA, FL 33647

TAMPA, FL 33647

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:

CLAUDIA W B DHEAZIZ

Name

9225 MILL CIRCLE

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

TAMPA, FL 33647

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 FEB - 1 PM 3:10

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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

AMBR:

CLAUDIA ABDEL AZIZ

9225 MHL GIRCLE

TAMPA, FL 33647

(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.

CLAUDIA ABDEL AZIZ

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)