Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## Constance Sunshine LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION FOR FISH	DATA MILLE LA ABILAT I COMPART
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Constance Sunshine LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
The maning address and shoot address of the principal office of	The similar business company to
Principal Office Address:	Mailing Address:
1704 Butler Pike	1704 Butler Pike
Ambler, PA 19002	Ambler, PA 19002
	<del></del>
ARTICLE III - Registered Agent, Registered Office, & Reg	gistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis	tered 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	arc:
Connie Blank	
Nam	ne .
102 Talavera Place	
Florida street address (P.O.	Box NOT acceptable)

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. -

FL

State

Palm Beach Gardens

City

Registered Agent's Signature (REQUIRED)

33418

Zip

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized N "MGR" = Manager	lember	
MGR	Paul Irwin 1704 Butler Pike Ambler, PA 19002	
	2823 AP X	, '-
(Use attachment if necess	ary)	
(If an effective date is listed, the date of filing.) Note: If the date inserted in this bethe document's effective date on t	er than the date of filing:	gys after
ARTICLE VI: Other provisions, if	any.	<u> </u>
REQUIRED SIGNATU	RE: Fare Jui	
This doc	mature of a member or an authorized representative of a member.  unent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State as a third degree felony as provided for in s.817.155, F.S.	
<u>Pa</u>	ul Irwin	
	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)