To:

Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000201400 3)))



H220002014003ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

Email Address:\_

# LAHASS

### FLORIDA LIMITED LIABILITY CO.

## Summer Sunshine, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



Lexites

From: Carol Panchani

DocuSign Envelope ID: 2A4C7110-E519-4584-8568-29421D8F03F3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Summer Sunshine, LLC

(Must end with 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:304 Neville Circle.304 Neville Circle.Oceanside, CA 92058Oceanside, CA 92058

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 Agent So	lutions, Inc.	
	Name	
155 Office Plaza Dr.	. Suite A	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	<u>FL</u>	32301
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, Thereby 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..

22 JUN -9 PH IZ: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

DocuSign Envelope ID: 2A4C7110-E519-4584-B568-29421D8F03F3

"AMBR" = Authorized Member "MGR" = Manager  MGR/AMBR  Thomas Schultz 304 Neville Circle Oceanside, CA 92058  MGR/AMBR  Jess Williams 3208 Avenida del Presidente, Unit 0 San Clemente, CA 92672  (Use attachment if necessary)  CLEV: Effective date, if other than the date of tiling:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to of filing)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licement's effective date on the Department of State's records.  CLEVI: Other provisions, if any.  REOUIRED 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 mn 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.  Thomas Schultz  Typed or printed name of signee	Title:		Name and Address:
MGR/AMBR  Thomas Schultz  304 Neville Circle Occanside, CA 92058  MGR/AMBR  Jess Williams  3208 Avenida del Presidente, Unit 0  San Clemente, CA 92672  (Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:  (OPTIONAL)  Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ligation to a filing.  ELEVI: Other provisions, if any.  REOURED 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.			
MGR/AMBR  Jess Williams 3208 Avenida del Presidente, Unit 0 San Clemente, CA 92672  (Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licentered; effective date on the Department of State's records.  CLEVI: Other provisions, if any.  REOUTED 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.			Thomas Schultz
CLEV: Effective date, if other than the date of filing:			
(Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:			Oceanside, CA 92058
(Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:	MGR/AMB	IR	
(Use attachment if necessary)  CLEV: Effective date, if other than the date of filing:	<del></del>		
CLEV: Effective date, if other than the date of filing:			San Clemente, CA 92672
CLEV: Effective date, if other than the date of filing:			
CLEV: Effective date, if other than the date of filing:			
CLEV: Effective date, if other than the date of filing:			
CLEV: Effective date, if other than the date of filing:	·		
CLEV: Effective date, if other than the date of filing:			
CLEV: Effective date, if other than the date of filing:			
REOURED SIGNATURE:  Docusioned by:  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.		•	
REOUIRED 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 mm 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.		up date if other than the di	ote of filing: (OOTBONAL)
REOURED SIGNATURE:  Docusioned by:  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.	CLEV: Effecti	ve date, it other tight the di	ate of using (OTTONAL)
REOLIRED 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.	effective date is	s listed, the date must be	specific and cannot be more than five business days prior to or 90 days
REOURED SIGNATURE:  Docusioned by:  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.	effective date is te of filing.)	s listed, the date must be	specific and cannot be more than five business days prior to or 90 days
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.	effective date is te of filing.) If the date inse	s listed, the date must be erted in this block does no	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li-
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.	effective date is te of filing.) If the date inse	s listed, the date must be erted in this block does no	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li
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.	effective date is te of filing.) If the date inso- cument's effect	s listed, the date must be crted in this block does no live date on the Departme	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li-
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.	effective date is te of filing.) If the date inso- cument's effect	s listed, the date must be crted in this block does no live date on the Departme	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li-
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.	effective date is te of filing.) If the date inso- cument's effect	s listed, the date must be crted in this block does no live date on the Departme	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be li-
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.	effective date is te of filing.) If the date inse- coment's effect	s listed, the date must be creed in this block does no live date on the Departme provisions, if any.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lint of State's records.
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.	effective date is te of filing.) If the date inse- cument's effect	s listed, the date must be creed in this block does no live date on the Departme provisions, if any.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lint of State's records.
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.	effective date is te of filing.) If the date inse- cument's effect	s listed, the date must be crited in this block does not live date on the Departme provisions, if any.  DSIGNATURE:	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be limit of State's records.
constitutes a third degree felony as provided for in s.817.155, F.S.	effective date is te of filing.) If the date inse- cument's effect	s listed, the date must be cred in this block does no live date on the Departme provisions, if any.  DSIGNATURE:	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be finit of State's records.
Thomas Sabulta	effective date is te of filing.) If the date inse- cument's effect	s listed, the date must be cred in this block does not tive date on the Departme provisions, if any.  DSIGNATURE:  Signature of a little o	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be limit of State's records.  Signed by:  The second state of a member or an authorized representative of a member or an authorized representative of a member occurred with section 605.0203 (1) (b), Florida Statutes.
Typed or printed name of signer	effective date is te of filing.) If the date inse- cument's effect	estisted, the date must be exted in this block does not tive date on the Departme provisions, if any.  DSIGNATURE:  Signature of a state of a s	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be limit of State's records.  Signed by:  The second statutes of a member or an authorized representative of a member or an authorized representative of a member
	effective date is te of filing.) If the date inse- cument's effect	Signature of a This document is exel am aware that any faconstitutes a third deg	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list of State's records.  Signed by:  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.

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)