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August 12, 2022

CAPITAL CONNECTION, INC.

SUBJECT: SUNSHINE RESOURCE ENTERPRISES LLC

Ref. Number: W22000104165

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure the registered agent address is complete address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 622A00018031



CAPITAL CONNECTION, INC.

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

| Sunshine Resource Enterprises LLC | | | | <i>'</i> |
|-----------------------------------|-----------------|---------|--------------------------------|----------|
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| * = | | | | |
| | | | | |
| - | | | Art of Inc. File | |
| | | | LTD Partnership File | |
| | | | Foreign Corp. File | _ |
| | | | L.C. File | |
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| | | | Trade/Service Mark | |
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| | | | 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 | _ |
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| SUBJEC | | tesource Enterprises LLC | | | - AUG 15 |
| aubar.c | | Name of L | imited Liab | ility Company | |
| The enclo | sed Articles of | Organization and fee(s) a | are submitte | d for filing. | PH 11: 13 |
| Please reti | urn ali correspo | ndence concerning this n | natter to the | following: | |
| | David A Svo | ec - Authorized Consultar | nt | | |
| | | | Name o | of Person | · · · · · · · · · · · · · · · · · · · |
| | Main Street | Holdings LLC | | | |
| | | | Firm/C | ompany | |
| | Tamiami TR | L Unit 3157 #76 | | | |
| | | | Ado | ress | |
| | Punta Gorda | , FL 33950 | | | |
| | dave@mainstr | eetholdings.net | City/State a | nd Zip Code | |
| | 1 | E-mail address: (to be use | d for future | annual report notificati | on) |
| For further | information co | ncerning this matter, ple | ase call: | | |
| | David A Svec | at (| 323 | 363-6455) | |
| | Nam | e of Person | Area Code | Daytime Telephon | e Number |
| Enclosed : | is a check for th | he following amount: | | | |
| ■\$125.00 | 0 Filing Fee | □\$130.00 Filing Fee a Certificate of Status | Certi | 55.00 Filing Fee & fied Copy nal copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New F Divisio P.O. B | g Address iling Section on of Corporations ox 6327 issee, FL 32314 | | Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 |

COVER LETTER

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| SUBJECT: | | esource Enterprises LLC | | 22 AUG 15 |
| | · | Name of Lin | nited Liability Company | |
| The enclose | d Articles of 0 | Organization and fee(s) are | submitted for filing. | PM : 1 : 2 |
| Please retur | n all correspo | ndence concerning this ma | tter to the following: | *ત <u>ુ</u> |
| | David A Sve | e - Authorized Consultant | | |
| | | | Name of Person | |
| | Main Street I | loldings LLC | | |
| | | | Firm/Company | |
| | Tamiami TRI | Unit 3157 #76 | | |
| | | | Address | |
| | Punta Gorda, | FL 33950 | | |
| d | ave@mainstro | C eetholdings.net | ity/State and Zip Code | |
| _ | E | -mail address: (to be used | for future annual report notificat | on) |
| For further in | formation cor | ncerning this matter, please | e call: | |
| 1 | David A Svec | 32 at (| 3 363-6455 | |
| | Namo | e of Person A | rea Code Daytime Telephon | e Number |
| Enclosed is | a check for th | e following amount: | | |
| ■ \$125.00 I | 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

ARIICLE.SOFORGANIZATIONFORFWRIDALIMITEDLIABILTIYCOMPANY

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| |

The name of the Limited Liability Company is:

Sunshine Resource Enterprises 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; |
|---------------------------|--------------------------|
| 13560 Tamiami TRL N | 13560 Tamiami TRL N |
| <u>Naples, FL 34110</u> | <u>Naples, F1, 34110</u> |

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:

| K.B. Mathis, P.A | | |
|-----------------------|----------------------------|------------|
| | Name | |
| 3577 CARDINAL I | OINT DRIVE | |
| Florida street addres | ss (P.O. Box <u>NOT</u> ac | rceptable) |
| Jacksonville | Florida | 32257 |
| City | State | Zin |

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 pelformance 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)

| .1 | D'T | $\Gamma \cap \Gamma$ | E | 11/ |
|----|-----|----------------------|---|-----|

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

| Title: | Name and Address: | P. n Pro- |
|--|---|---------------------------|
| "AMBR" = Authorized Member | | 8 3 |
| "MGR" = Manager | | |
| MGR | Consulting Aims LLC 1309 Coffeen Avenue STE 5992 | |
| | Sheridan, Wyoming, 82801 | ريون ان |
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| (Use attachment if necessary) | | |
| ARTICLE V: Effective date, if other than the dat | of filing: (OPTIO | NALY |
| If an effective date is listed, the date must be s | pecific and cannot be more than five business days pr | ior to or 90 days after |
| he date of filing.) | | • |
| Note: If the date inserted in this block does not | meet the applicable statutory filing requirements, this d | ate will not be listed as |
| he document's effective date on the Departmen | t of State's records. | |
| ARTICLE VI: Other provisions, if any. | | |
| | | |
| | | |
| | | |
| REQUIRED SIGNATURE: | | |
| 7 11 | <i>C</i> | |
| | QWC | |
| Signature of a in This document is execu | ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b). Florid | la Statutes |
| I am aware that any fals | e information submitted in a document to the Departme | ent of State |
| constitutes a third degree | ee felony as provided for in s.817,155. F.S. | |
| David A Svec_ | | |
| | Typed or printed name of signee | 2 |

Filing Fees: