Division of Corporations Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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m.stamm@verizon.net Email Address:

FLORIDA LIMITED LIABILITY CO.

Sunshine & Coffee Technologies, LLC

Certificate of Status	1
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Page Count	03
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ARTICLE I - Nan The name of the Li	mited Liability Company is:		
	Sunshine & Coffee	Technologies, LLC	
	(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Ad The mailing addres		al office of the Limited Liability Company	is:
Principal Office A	ddress: M	alling Address:	
0405 On	Tarrace	3465 Coquina Terrace	
3465 Coquina Malabar, FL 32	2950	Malabar, FL 32950	
ARTICLE III - Re (The Limited Liabi another business en	2950 egistered Agent, Registered Offic	Malabar, FL 32950 ce, & Registered Agent's Signature: wn Registered Agent. You must designate ation.)	an inc
Malabar, FL 32 ARTICLE III - Re (The Limited Liabi another business en	egistered Agent, Registered Officility Company cannot serve as its ontity with an active Florida registrationida street address of the register	Malabar, FL 32950 ce, & Registered Agent's Signature: wn Registered Agent. You must designate ation.)	an inc
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pany at 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.. Michelene Stamm Registered Agent's Signature (REQUIRED) Michelene Stamm (CONTINUED) Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Michelene Stamm
AMBR	
	3465 Coquina Terrace Malabar, FL 32950
V	
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EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
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(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 94 Decusioned by: Midulene Stamm
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 96
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E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	Decusioned by: Miduluse Stamm PERSONAL PROGRAMM PROGRAMMENT A CONTROL OF STATE OF THE PROGRAMMENT OF THE

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