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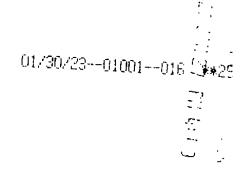
(F	Requestor's Name)
(A	ddress)
<u>A)</u>	ddress)
(C	Sity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(E	Business Entity Name)
(Ć	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

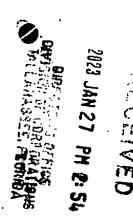
Office Use Only



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3. CILATHAM
JAN 28 2023





CORPORATE ACCESS, __

When you need ACCESS to the world

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		1	PICK UP:	01/27/2023	
		CERTIFIED COPY	Y		
	хх	РНОТОСОРУ			
		CUS			
	хх	FILING	LLC		
1.		PARLOR SE OPERA	ATIONS LLC		
		(CORPORATE NAME AND D	OOCUMENT #)		
2.		(CORPORATE NAME AND D	OCHMENT #1		
		CONFORATE NAME AND L	OCCIVIENT#)	,	
3.		(CORPORATE NAME AND E	OOCUMENT #)		
4.					
		(CORPORATE NAME AND D	OOCUMENT #)	-	
5.		GONDON ATTENDANCE AND D			
		(CORPORATE NAME AND D	OCUMENT #)		
6.		(CORPORATE NAME AND D	OOCUMENT #)		
	CIA. TRU	L CTIONS:			

COVER LETTER

TO:

New Filing Section

Di	vision of Corporations	
SUBJECT:	PARLOR SE OPERATIONS	LLC
SOBJECT.	Name o	f Limited Liability Company
The enclose	d Articles of Organization and feet	(s) are submitted for filing.
Please retur	n all correspondence concerning th	is matter to the following:
	Darcyne Williams	
		Name of Person
	Sunshine Florida Hold	ings LLC
•		Firm/Company ·
	Drive 160	DO EDGENATOR DA .
•		Address
	Orlando, FL 32804	
•		City/State and Zip Code
_	F. mail address: (to be	used for future annual report notification)
	·	•
For further in	formation concerning this matter, p	Bease can:
	D. Williams	11 (407) 999-5255
-	Name of Person	Area Code Daytime Telephone Number
	a check for the following amount:	
Z \$125.00 Fil	ing Fee \$130.00 Filing Fee Certificate of Statu	
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARLOR SE OPERATIO	ONS LLC		
(Must co	ntain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
<u>Princi</u>	ipal Office Address:		Mailing Address:	
1600 Edgewater	Drive	160	00 Edgewater Drive	
Orlando, FL 328	04	Orl	ando, FL 32804	<u>-</u>
another business entity with ar The name and the Florida stree	et address of the registered	Lagent are:	Wall & Hamilton, P.A.	2
	280 W Canton Av			ź
	Florida street address	-	cceptable)	٠.
	Winter Park, FL 3	32789		
			Zip	
	City	State	Σip	

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Manager "MGR" = Manager Sunshine Florida Holdings 1712 Ploneer Ave #101 Cheyenna, WY \$2001 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 9 te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no secure to secure the 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.	"MGR" = Marager	1712 Pioneer Ave #101 Cheyenne, WY 82001
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Cheyenne, WY 82001
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 9 te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member.		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
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Signature of a member or an authorized representative of a member.		
	REQUIRED SIGNATURE:	
	VII	$\mathcal{U}_{\mathcal{U}}$
	Signature of a member	or an authorized representative of a member.
I am aware that any false information submitted in a document to the Department of State	This document is executed in a	accordance with section 605,0203 (1) (b), Florida Statutes.

constitutes a third degree felony as provided for in s.817.155, F.S.

D. Williams, for Sunshine Florida Holdings LLC

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)