## L2300027/299

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CORPORATE ACCESS, \_\_\_

When you need ACCESS to the world

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

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC
-	SUNSHORE INVESTME (CORPORATE NAME AND DOCUM	ENTS, LLC MENT #)
	(CORPORATE NAME AND DOCUM	MENT #)
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		(	COVER LETT	ER		
	w Filing Sect vision of Corp					
SUBJECT:		vestments, LLC				
SUBJECT.		Name of	Limited Liabili	ty Company		
The enclose	d Articles of (	Organization and fee(s)	are submitted	for filing.		
Please return	all correspor	ndence concerning this	matter to the fo	ollowing:		
,	Tyler Johnson	ı				
-			Name of I	Person		
-	Threlkeld Law, P.A.					
-	Firm/Company					
:	3003 Tamiam	i Trail N., Suite 400				
-			Addre	ss	· ····	
1	Naples, FL 34	109				
_			City/State and	Zip Code		
ty	ler@naplesle					
	E-	mail address: (to be us	sed for future an	mual report notificati	on)	
For further inf	ormation con	cerning this matter, ple	ase call:			
Т	yler Johnson	at (	239	234-5034		
Name of Person			Area Code Daytime Telephone		e Number	
Enclosed is a	check for the	following amount:				
<b>■\$</b> 125.00 F	iling Fee	□\$130.00 Filing Fee Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Sunshore Investments, LLC				
(Must contain the words "Limited Liability	y 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:			
2430 Vanderbilt Beach Road	2430 Vanderbilt Beach Road			
Suite 108-126	Suite 108-126			
Naples, FL 34109	Naples, FL 34109			
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:				

Threlkeld Law, P.A.

Name

3003 Tamiami Trail N., Suite 400

Florida street address (P.O. Box NOT acceptable)

 Naples
 FL
 34103

 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. 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	FutureCap LLC P.O. Box 575 Holland. OH 43528
MGR	Revocable Living Trust of Philip Alan Cargnino dated 5/5/2073 8962 Cherry Point Road Manitou Beach. MI 49253
	·
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	the date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days after  s not meet the applicable statutory filing requirements, this date will not be listed as truent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
<u>Tvier Johns</u>	

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)

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