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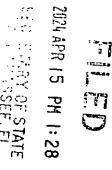
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T. MATTHEWS APR 22 2024

## **COVER LETTER**

	lew Filing Sec Division of Cor					
emb irc	CJJB SUN	SHINE INVESTME	NT LLC			
SUBJEC	1;	Name	of Limited Li	ability Company	<del></del>	
The enclo	sed Articles of	Organization and fe	e(s) are submi	tted for filing.		
Please reti	arn all correspo	ondence concerning	this matter to t	the following:		
	ALAN M. C	ELEJ, ESQ.				
			Nam	e of Person		
	CELEJ LAW	V PLLC				
		- <del></del>	Firm	n/Company		
	12730 MCG	REGOR BOULEVA	ARD			
			A	Address		
	FORT MYE	RS, FL 33919				
	christineboisy	ert001@gmail.com	•	e and Zip Code		
		E-mail address: (to b	e used for futi	ure annual report notifica	tion)	
For further	information co	ncerning this matter	, please call:			
	ALAN M. C	ELEJ	239 at (	266-2619		
	Nam	ne of Person	Area Coo		ne Number	
Enclosed	is a check for t	he following amoun	t:			
≣\$125.0	0 Filing Fee	□\$130.00 Filing Certificate of Sta	tus Ce	\$155.00 Filing Fee & entified Copy tional 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		
P.O. Box 6327 Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4	RT	CL	F	1 -	No	175	۵.
$\sim$	$\mathbf{r}$				110		ι.

The name of the Limited Liability Company is:

2074 APR 15 PH 1: 28

	,,		505H VBK 12 LI	1 1 4	
CHR SHNSHINE	INVESTMENT LLC		()	ESTATE	
(Must co	ntain the words "Limited	Liability Company,	"L.L.C.," or "LLC.") 353-55		
ARTICLE II - Address: The mailing address and street					
<u>Princ</u>	ipal Office Address:		Mailing Address:		
1800 Sans Souci B	lvd., Unit 403	180	1800 Sans Souci Blvd., Unit 403		
North Miami, FL 3			h Miami, FL 33181		
another business entity with a The name and the Florida street		d agent are:	<u>.</u>		
	1800 Sans Souci Bly	vd., Unit 403			
	Florida street addres	ss (P.O. Box NOT :	cceptable)		
	North Miami	Florida	33181		
	City	State	Zip		
			e above stated limited liability c ed agent and agree to act in this r and complete performance of t		

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authoriz	ed Member
"MGR" = Manager	
AMBR	Christine M. Boisvert
. 11-11-2-1	1800 Sans Souci Blvd., Unit 403
	North Miami, FL 33181
A	Joseph W. Boisvert
AMBR	2335 Pinegrove Circle W
	Punta Gorda, FL 33982
AMBR	Christine M. Boisvert, as Trustee of the Trust created for the
ANDR	benefit of Jason W. Boisvert, under Article 3 of the Last Will
	and Testament of William J. Boisvert dated July 7, 2021
	1800 Sans Souci Blyd., Unit 403
	North Miami, FL 33181
(Use attachment if no	occurry)
(Use attachment if the	(CCSSally)
TICLE V: Effective date	if other than the date of filing: (OPTIONAL)
an offective date is listed t	he date must be specific and cannot be more than five business days prior to or 90 days after
date of filing.)	the trace must be specific and cannot be more main the business anys prior to 55 / 5 miles
te: If the date inserted in t	his block does not meet the applicable statutory filing requirements, this date will not be listed as
	on the Department of State's records.
document 5 through to date	VI 11 - F - 11 - 11 - 1 - 11 - 1 - 11 - 1
TICLE VI: Other provision	is, if any.
	<u> </u>
<del>-</del>	
REQUIRED SIGNA	ATURE:
400. 1	Signature of a member or an authorized representative of a member.
	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 titutes a third degree felony as provided for in s.817.155, F.S.
COIIS	indica a time degree telony as provided for in s.o. (7.155.1.5.
	Alan M. Celei, Esa.
	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)