

L99000003155

SUNRISE OFFICE SERVICES, L.L.C.

150 Kent Road, Suite 2-A

St. Augustine, FL 32086

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Sunrise Office Services L.L.C.  
(Corporation Name) (Document #) W99-10909
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION		Name Availability
<input type="checkbox"/>	Foreign	Document Examiner
<input type="checkbox"/>	Limited Partnership	Updater
<input type="checkbox"/>	Reinstatement	U. C. a. er Verifier
<input type="checkbox"/>	Trademark	Acknowledgement
<input type="checkbox"/>	Other	W. P. Verifier

500002862205--3  
-05/04/99--01077--004  
\*\*\*\*\*320.00 \*\*\*\*\*320.00

500002862205--3  
-06/01/99--01147--007  
\*\*\*\*\*36.25 \*\*\*\*\*36.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAY 28 PM 1:37



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 10, 1999

SUNRISE OFFICE SERVICES L.L.C.  
150 KENT ROAD, SUITE 2-A  
ST. AUGUSTINE, FL 32086

SUBJECT: SUNRISE OFFICE SERVICES L.L.C.  
Ref. Number: W99000010909

We have received your document for SUNRISE OFFICE SERVICES L.L.C. and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The check submitted to cover the filing fees was in the amount of \$320.00, the filing fees for a Limited Liability Company are \$250 Filing, \$35 Registered Agent, \$8.75 Certificate of Status (optional), \$52.50 Certified Copy (optional). Please specify what your check covers. You may need to send additional money, depending on the type and/or quantity of Certificates you request, also, on the AFFIDAVIT, you state that \$1000 of property has been contributed, you must give a description of said property, also, based on the amounts listed in 2,3 and 4 of the Affidavit, number 5 should be \$3000, not \$1000. Please correct the document and return

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 499A00025507

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. - NAME

The name of the Limited Liability Company is:  
Sunrise Office Services L.L.C.

ARTICLE II. ADDRESS

The mailing address and street address of the principal office  
of the Limited Liability Company is :  
150 Kent Road, Suite 2A  
St. Augustine, FL 32086

ARTICLE III. DURATION

The period of duration for the Limited Liability Company shall be:  
PRERPETUAL

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation  
shall be 150 Kent Rd 2A, St. Augustine, Florida 32086 and the name  
of the initial registered agent of the corporation at that address is:  
Catherine D. Kirby

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the members and the  
names and addresses of the managing members are:

MEMBERS:

Carl K. Doane

8832 Attler Ln.  
Jacksonville, FL 32216

Burl W. Jones

110 Briarwood Cr.  
Glen Saint Mary, FL 32040

Charles F. Marsh

2855 Forbes St  
Jacksonville, FL 32205

FILED  
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DIVISION OF CORPORATIONS  
99 MAY 28 PM 1:37

The undersigned authorized representative of a member of Sunrise Office Service L.L.C. Hereby executes these articles of organization on this 1<sup>st</sup> day of January 1999.

By:   
It's Agent, Catherine D. Kirby

Dated: January 1, 1999

DK/CKD

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED**

**PURSUANT TO THE PROVISIONS OF SECTION 6078.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability Company is:  
Sunrise Office Services L.L.C.
  
2. The name and address of the registered agent and Office is :  
Catherine D. Kirby  
150 Kent Rd. Suite 2A  
St. Augustine, FL 32086

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.

  
Catherine D. Kirby  
SIGNATURE


DATE Jan 1, 1999

## LIMITED POWER OF ATTORNEY


The undersigned hereby designates Catherine D. Kirby as its Attorney-In-Fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of Sunrise Office Services L.L.C. (The "LLC"), a Florida limited Liability company, for the further purpose of filling such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of this Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimiles or other means to (Catherine D. Kirby). This grant of power shall be revoked immediately after the filling of the Articles of Organization of the LLC with the State of Florida Department of State. All Parties who review the original or copy of this Limited Power of Attorney may rely upon it and the exercised of the limited power granted herein by (Catherine D. Kirby) without making further inquiry as to the matters described herein or the authority of (Catherine D. Kirby) to act hereunder.

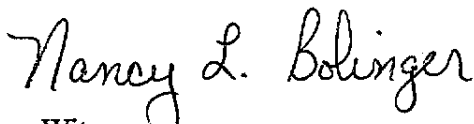
This Limited Power of Attorney is executed on this 1<sup>st</sup> day of January, 1999

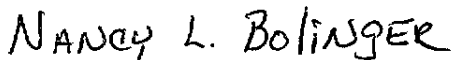
  
Witness

  
Print or type name

Signature

  
Carl K. Doane O.M.  
Print or type name

  
Witness

  
Print or type name

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of  
Sunrise Office Services L.L.C.                      deposes and says:

1. The above named limited liability company has at least two members
2. The total amount of cash contributed by the member(s) is 1000.00 each.  
\$3000.00
3. If any, the agreed value of property other than cash contributed  
by member(s) is  
A description of the property is attached and made a part hereto.
4. The amount of cash or property anticipated to be contributed by  
member(s)
5. The total amount of 2, 3, and 4 is                      \$3000.00

*Carl K. Doane O.M.*

Signature of a member or authorized representative of a member (In accordance with  
section 608.4221.3), Florida Statute, the execution of this affidavit constitutes an  
affixation under the penalties of perjury and the facts stated herein are true.)