MD900009933

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
•	
(Document Number)	
Certified Copies Certificates of Status	
Special instructions to Filing Officer:	
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•	
JUL 30 2009	
EXAMINER	

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SECRETARY OF STATE

700 1005 2000 US 1071



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2009

C. BERK EDWARDS GERAGHTY, DOUGHERTY & EDWARDS PA 2075 WEST FIRST STREET, STE. 100 FORT MYERS, FL. 33901

SUBJECT: SUNSHINE VENTURES 1,000 LLC

Ref. Number: W09000027445

We have received your document for SUNSHINE VENTURES 1,000 LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6967.

Letter Number: 209A00019766

Leslie Sellers Regulatory Specialist II

Division of Cornerations - P.O. ROX 6327 - Tallahassaa Florida 32314

COVER LETTER

	istration Section ision of Corporations
SUBJECT:	A. H. PALMETTO L. C. Name of Limited Liability Company
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matter to the following:
	ORFRE FOWARDS
	O, BERK EDWARDS Name of Person
	GERAGHTY, DOUGHERTY + EDWARDS, P.A. Firm/Company
	1531 Hendry Street
	Address
	City/State and Zip Code 33901
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
C	BERK EDWARUS at (239) 334 9500
	Name of Person Area Code & Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 chassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is	a check for the following amount:
□s	125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") A. H. PALM ETTO 1001 LLC.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") TOWA

(Jurisdiction under the law of which foreign limited liability

(FEI number, if applicable) company is organized) (Date of Organization)

5. PERPETURE
(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1531 Hendry Street, Fort Myers, Florida 33901 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: GREG APEL 3LL RIVER VIEW ROAD GUTTENBEAG, IA 52082 MIKE HONGE 711 S. GILBERT ST. IOWA CITY. IA 57240 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) PEVEL OP MENT Signature of a member or an authorized representative of a member. an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
A.H. PALMETTO, LLC.
If unavailable, the alternate to be used in the state of Florida is:
AH PALMETTO 1001 LLC.
2. The name and the Florida street address of the registered agent and office are:
C. BERK ED WARDS (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
FORT MY FRS FL 33901 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 608, Florida Statutes. (Signature)
\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

FILED

109 JUL 29 PH T: 27

SECRETARY OF STATE

Iowa Secretary of State Michael A. Mauro

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IOWA SECRETARY OF STATE MICHAEL A. MAURO



Date: 7/29/2009

CERTIFICATE OF EXISTENCE

Name: AH PALMETTO, L.C. (490DLC - 360847)

Date of Organization: 3/26/2008

Duration: PÉRPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly organized under the laws of Iowa, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.

Certificate ID: CS31655

To validate this certificate please visit the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate

Mugael A. Maure

Version 2.2.1.6