

## Florida Department of State

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.  
ATACAMA 829 LLC.**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ATACAMA 829 LLC.

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C." or the designation "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:100 BAY VIEW DR100 BAY VIEW DRAPT # 829APT # 829SUNNY ISLES BEACH FL 33160SUNNY ISLES BEACH FL 33160

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

LEON BUNNEY.

Name

100 BAY VIEW DR APT # 829.Florida street address (P.O. Box NOT acceptable)SUNNY ISLES BEACH FL 33160.

City, State, and 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 606, F.S..


  
 Registered Agent's Signature (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

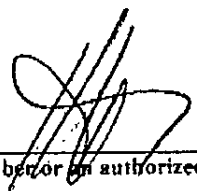
"MGRM" = Managing Member

**Name and Address:**MGRM.GOLDEN BEACH VENTURES CORP.  
100 BAYVIEW DR APT #829  
SUNNY ISLE BEACH FL 33160

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LEON BUNNEY\_\_\_\_\_  
Typed or printed name of signee

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