21000 123 709

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File					
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Merger File					
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Annual Report / Reinstatement					RA Resignation
Cert. Copy					Dissolution / Withdrawal
Photo Copy					Annual Report / Reinstatement
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Walk-In Will Pick Up Courier			Time		UCC 11 Search
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	Walk-In	-			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SUNSET BUENA VIDA	LLC		
(Must co	ntain the words "Limited Li	ability Company, "L.	L.C" or "LLC.")	
RTICLE II - Address: ne mailing address and street	address of the principal off	ice of the Limited Lia	ability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
	ENUE, 2ND FLOOR		AGON AVENUE, 2ND FL	LOOR
CORAL GABLES,	FL 33134	CORAL	CADIDO DI 22124	
RTICLE III - Registered A The Limited Liability Compar	gent, Registered Office, & ny cannot serve as its own R	Registered Agent's		ual or
RTICLE III - Registered A The Limited Liability Compare the nother business entity with an the name and the Florida street	gent, Registered Office, & ny cannot serve as its own R n active Florida registration. et address of the registered a	Registered Agent's Registered Agent. You	Signature:	ual or
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RTICLE III - Registered A The Limited Liability Compare Bother business entity with ar	gent, Registered Office, & ny cannot serve as its own R nactive Florida registration at address of the registered a	Registered Agent's Registered Agent. You I) Regent are: Name UE, 2ND FLOOR	Signature: I must designate an individu	ual or
RTICLE III - Registered A The Limited Liability Compare the housiness entity with ar	gent, Registered Office, & ny cannot serve as its own R nactive Florida registration. It address of the registered a ABITOS PLLC	Registered Agent's Registered Agent. You I) Regent are: Name UE, 2ND FLOOR	Signature: I must designate an individu	Memore

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)

ARTICLE IV-

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>	GUILLERMO CACHEROSKY
	255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES, FL 33134
	CONTE ONDECOT D 33134
	
	<u></u>
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s	te of filing:
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Allely
This document is exected any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
ALBERTO GU	ZMAN
	Typed or printed name of signee