

**PETER B. CAGLE, R.A. 2465**

6701 Sunset Drive, Suite 103 • South Miami, FL 33143 • (305) 666-8509 • Fax: (305) 661-5497

February 12th, 2001

FILED  
01 FEB 14 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: **Our File G-6365**  
**SUNSET DRIVE COMPANY LLC**

100003679001--1  
-02/14/01--01063--009  
\*\*\*160.00 \*\*\*160.00

Gentlemen:

Enclosed herewith please find the following:

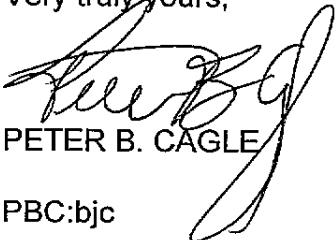
- 1) Articles of Organization for Florida Limited Liability Company for **SUNSET DRIVE COMPANY LLC**, properly executed;
- 2) Check made payable to the Florida Department of State in the total amount of \$160.00 in payment of the following:

Filing Fee	\$ 100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please be so kind as to file this Limited Liability Company and forward the certified copies to this office at your earliest convenience.

If you should have any questions or require additional information from our office, please let us know.

Very truly yours,

  
PETER B. CAGLE

PBC:bjc

Enclosures

LOI-2465  
RC

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SUNSET DRIVE COMPANY LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**5995 Sunset Drive  
South Miami, Florida 33143**

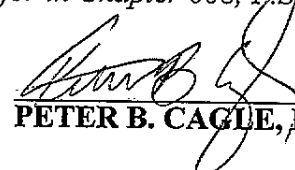
**ARTICLE III - Registered Agent, Register Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**PETER B. CAGLE  
6701 Sunset Drive, Suite 103  
South Miami, Florida 33143**

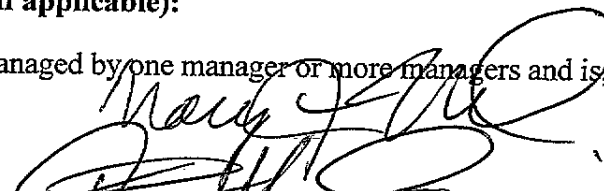

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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, F.S.*

  
\_\_\_\_\_  
**PETER B. CAGLE, Registered Agent**

**ARTICLE IV - Management (Check box if applicable):**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
\_\_\_\_\_  
Signature of a member or 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.)

MARY JANE MARK  
Typed or printed name of signee

THOMAS MARK  
Typed or printed name of signee

TEDDY M. MARK  
Typed or printed name of signee