

# L04000037851

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

**sunshine ah, llc**

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ARTICLES OF ORGANIZATION

FOR

SUNSHINE AH, LLC

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

SUNSHINE AH, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Ahylin Hernandez, 14225 SW 8<sup>th</sup> Terrace, Miami, Florida 33184.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by its manager(s). The name and address of the initial manager of the Company is:

Ahylin Hernandez  
14225 SW 8<sup>th</sup> Terrace  
Miami, Florida 33184

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

Signature of a Member Representative

2009 MAY 18 P 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.

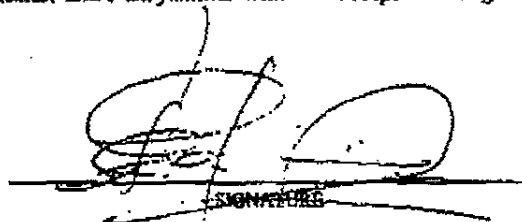
1. The name of the limited liability company is: SUNSHINE AH, LLC
2. The name and the Florida street address of the registered agent are:

AHYLIN HERNANDEZ  
NAME

14225 SW 8<sup>th</sup> Terrace  
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33184  
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.*

  
SIGNATURE

2004 MAY 18 P 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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