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TRANSM ITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Company

The enclosed A rticles of O rganization and fee (s) are submitted for filing.

Please return all correspondence concerning this matter to the follow ing:

an e of Person

W04-21544 imos

(Finn Company) venue \subset (Address) 1 191 2 am PH 12: 01 ate and Z For further inform ation concerning this matter, please call: amos at g me (Jl de & Daytime Telephone Number) Ext 208 Operator = 0 Name of Person)

STREET ADDRESS: Registration Section D ivision of Corporations 409 E.G aines Street T allahassee, Florida 32399 M A IL ING ADDRESS: Registration Section D ivision of Corporations P.D.Box 6327 Tallahassee, Florida 32314



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June 4, 2004

PAMELA J. RAMOS 20224 N.W. 52 AVENUE MIAMI, FL 33055

SUBJECT: SUNSHINE HOMES, LTD. Ref. Number: W04000021544

We have received your document for SUNSHINE HOMES, LTD. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 904A00038290

TEIDET OF SORPORATIONS

ARTICLESOFORGANIZATION FOR FLORIDALM ITEDLIABILITY COMPANY

ARTICLE I-Name: The name of the Limited Liability Company is:

omes Ltd. Co. Sunshine

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

PrincipalO ffice Address:

M ailing Address:

20224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agentare:

Briana Ramos 20224 NW 52 AV Florida street address (P.O. Box NOT acceptable)

33055 Uiami FLORIDA City, State, and Zip

Having been named as registered agentand 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 brida Statutes.

eqistered Agent's S onature

Page1of2 (CONTINUED) ARTICLE IV - M anager(s) or M anaging M en ber(s): The name and address of each M anageror M anaging M em ber is as follows:

Name and Address:

Tible: MGR" = Manager MGRM" = Managing Member

BRM M

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(Use attachm entif necessary)

ANY OF STATE

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a m emper or an authorized representative of a m em ber.

(In accordance with section 608.408 (3), Florida Statutes, the execution of this docum ent constitutes an affirm ation under the penalties of perjury that the Agets stated herein are true.)

mera τü <a mos

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for A rticles of 0 rganization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 C ertified C opy (0 ptional)
- \$ 5.00 C ertificate of Status (O ptional)