## L04000054881

| (Requestor's Name)                      |
|---|
| (Address)                               |
| <b>,</b>                                |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (City/State/Zip/Filofie #)              |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Submess Emily Marke)                   |
| (Document Number)                       |
| (Bocument (Valideer)                    |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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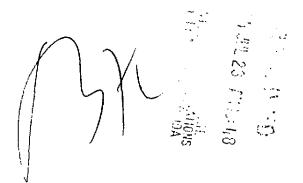
Office Use Only



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VALIDATION

0 N L Y

| Dunkley + Assoc. | ilty             | State   | ZIP   | Phone | -   |
|------------------|------------------|---------|-------|-------|-----|
| Dunkley + Assoc. | ddress           |         |       |       | _   |
| •                | lequestor's Name | 7       |       |       | -   |
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| 112/17/6         |                  | <u></u> |       | 1/22  | 404 |

OF JUL 23 M. S. 15

CORPORATION(S) NAME

|                                | Sunny                                   | Hovers,               | LLC.                                |
|--------------------------------|---|-----------------------|-------------------------------------|
|                                | 1                                       | *                     |                                     |
|                                |   |                       |                                     |
|                                |   |                       |                                     |
|                                |   |                       |                                     |
|                                |   |                       |                                     |
| ( ) Profit                     | • .                                     |                       |                                     |
| ( ) NonProfit                  | (                                       | ) Amendment           | ( ) Merger                          |
| ( ) Foreign                    | (                                       | ) Dissolution         | ( ) Mark                            |
| ( ) Limited Partnership        | (                                       | ) Annual Report       | Pother UC                           |
| ( ) Reinstatement              | (                                       | ) Reservation         | ( ) Change of Registered Agent      |
| ( ) Certified Copy             | (                                       | ) Photo Copies        | ( ) Certificate Under Seal          |
| ( ) Call When Ready<br>Walk In | (<br>( ) Will Wait                      | ) Call If Problem Pic | ( ) After 4:30<br>k Up ( ) Mail Out |
| <del>7</del>                   | , |                       |                                     |

| Walk In        | ( | ) | Will | Wa |
|----------------|---|---|------|----|
|                | • |   | ••   |    |
| Neme           |   |   |      |    |
| Availability   |   |   |      |    |
| Document       |   |   |      |    |
| Examiner       |   |   |      |    |
| Updster        |   |   |      |    |
| Verifier       |   |   |      |    |
| Acknowledgment |   |   |      |    |
| W.P. Varifier  |   |   |      |    |

**Empire** Toll Free: 1-800-432-3028

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| OF ME STATES AND STATE |
|--|
| bility Company is:   |

ARTICLE I - Name:

| The name of the Limited | l Liability | Company is: |
|-------------------------|-------------|-------------|
|-------------------------|-------------|-------------|

SUNNY MOVERS, 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:          |
|------------------------------|---------------------------|
| 14100 Ratmetto Frontinge RD. | 14100 Rolmetto Rontage RB |
| # 201                        | #201                      |
| miami Lakes, Fl. 33016       | miami Lakes, 81.33016     |

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

Lindsay Dunkley

Name

14/00 Salmeth Kontage RD. #20/

Florida street address (P.O. Box NOT acceptable)

Miron Lakes FLORIDA 330/6

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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| ARTICLE IV- Manager(s) or Managin<br>The name and address of each Manager of   |  |
|--|--|
| Title: "MGR" = Manager "MGRM" = Managing Member  | Name and Address:  |
| m6R  | MARIA TERESA RODVIGUE<br>14100 lalmetto Frontage PO. At<br>minmi Lakes, Fl. 33016  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
| NOTE: An additional article must be  | added if an effective date is requested.   |
| REQUIRED SIGNATURE:  | •  |
| Signature of a member or an an   | uthorized representative of a member.  |
| (In accordance with section 608. of this document constitutes an a that the facts stated herein are the Typed or pri | 408(3), Florida Statutes, the execution affirmation under the penalties of perjury ie.)  . kodyjąuer nted name of signee |

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)