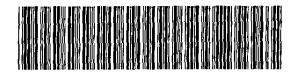
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(Requestor's Name)
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PICK-UP WAIT MAIL
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANOUN Realty, LI (Name of Linguish Lia	bility Company)
The enclosed Articles of Organization and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to t	he following:
<u> </u>	D. Harris of Person)
ANSUN B	ealty, LLC
	100 #202 Idress) 0
maitland, FL 3 (City/State	40.1 312-5069 (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:	PH PH
Maren Harris at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	\$155.00 Filing Fee & rtified Copy ditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ANSUN Realty, LLC ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3001 Aloma Ave. Suite #231 Winter Park FL 32792	3001 Aloma, Ave. Buite. #231 Winter Park, FL 32792
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
<u>haren Ha</u>	Σ _i σ
	cu # 202 ress (P.O. Box NOT acceptable) FL 33751 Ind Zip
maitand city, State, as	au # 202 ress (P.O. Box NOT acceptable) FL 33751 Ind 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, F.S..

Registered Agent's Signature

(CONTINUED)

The name and address of each Manage	r or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	haren Harris 2406 Branch way #202 Maitland, FL 32751
(Use attachment if necessary) NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	•
(In accordance with section of this document constituent that the facts stated here	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.) Haris dor printed name of signee
\$125.00 Filing Fee for Articles of Organi	zation and Designation
of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	

ARTICLE IV- Manager(s) or Managing Member(s):