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(Re	questor's	Name)	
(Ad	dress)		
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(Cit	y/State/Z	ip/Phone #	#)
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Special Instructions to	Filing Off	icer:	
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• * .	TRANSMIT	TAL LETTER		
TO: Registration Se Division of Cor				
SUBJECT:	TURNING SU	JNSETS, LLC		
	(Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		an Russell		
	() ()	Jame of Person)		
	C	SS Nevada		
		7irm/Company)		
	4525 M/ Q	ahara Ave., Ste. 204		
	4555 11. 5	(Address)	<u></u>	
		Vegas, NV 89102 State and Zip Code)		
			·	
For further information	concerning this matter, please	call:	SECRE ARY D RALLAH ARY D elephone Number SEE	-71
Alan Russell		at (_702) 933-4030	ARE	-
(Name	of Person)	(Area Code & Daytime Te	elephone Number	r 11
Enclosed is a check for	or the following amount:			$\overline{\mathbf{O}}$
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
	CET ADDRESS:	MAILING A		
	tration Section on of Corporations	Registration S Division of C		
409 E	. Gaines Street	P.O. Box 632	7	
Tallah	assee, Florida 32399	Tallahassee, F	1011ua 32314	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

TURNING SUNSETS, LLC

ARTICLE II - Address:

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

Principal Office Address:

283 Cranes Roost Blvd. (#111) Altamonte Springs, FL 32701

Mailing Address:

283 Cranes Roost Blvd., (#111) Altamonte Springs, FL 32701

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

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

Susan F	Roberts	
Nam	e	
283 Crañes Ro	oost Blvd. (i	#111)
Florida street a	ddress (P.O.	Box <u>NOT</u> acceptable
Altamonte Springs,	FL	32701
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, F.S.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Orange Investments, LP
	4535 W. Sahara Ave., Ste. 204
	Las Vegas, NV 89102

(Use attachment if necessary)

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

EQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a member.	2
(In accordance with section 608.408(3), Florida Statutes, the execution 5° of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	CRETAR
Alan Russell	\leq
Typed or printed name of signee	
Filing Fees:	STATE
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	-

P 2:23

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