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## CSS Nevada

Corporate Support Services of Nevada, Inc.

April 5, 2005

Registration Section Corporations Division 409 E. Gaines St. Tallahassee, FL 32399

Re: TURNING SUNSETS, LLC, EMPOWERMENT FINANCIAL SERVICES, LLC, AQUILLA 2802 PROPERTY INVESTMENTS, LLC, FAMAS 2102 PROPERTY INVESTMENTS, AND SAILPORT 2506 PROPERTY INVESTMENTS, LLC

Dear Sir or Madam:

In order to file the above Articles of Organization we have enclosed the following:

- 1. Transmittal Letter;
- 2. Original and two (2) copies of the Articles of Organization;
- 3. Five (5) Checks payable to the Florida Department of State for \$160.00 for filing fees and certified copy fees; and
- 4. Fed Ex Air bill and envelope.

Please file these documents at your earliest convenience. Also, please provide us with two file stamped copies of the filed document. Please return the filed documents to our office in the Fed Ex envelope provided for your convenience. If you have any questions, please do not hesitate to contact this office.

Thank you for your anticipated courtesy and cooperation in this matter.

Sincerely yours,

Alan Russell

AHR:sf Encl.

#### TRANSMITTAL LETTER

TO: Registration Se Division of Con					
SUBJECT: SAILPOR	T 2506 PROPERTY INVES	STMENTS, LLC			
	(Name of Limited	d Liability Compa	ny)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing			
Please return all correspondent	ondence concerning this matte	r to the following:	;		
		lan Russell			
	a	Name of Person)			
	C	SS Nevada			
	(1	Firm/Company)			
	4535 N/ C	abara Ava Sta	204		
	4555 (V. 5	(Address)	204		
			_		
		Vegas, NV 89102 State and Zip Code)			
	<b>(</b> == <b>3</b> .	,			
For further information of	concerning this matter, please	call:			
Alan Russell		at (_702)	933-4030	7,0 7	
(Name	of Person)	(Area Code	& Daytime Te	elephone Number 5	77
Enclosed is a check fo	r the following amount:			APR 14	
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fill Certified Copy (additional copy is	,	Certificate of Status & Certified Copy (additional copy is enclosed)	a XX

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 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  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Susan Roberts  Name  283 Cranes Roost Blvd. (#111)  Florida street address of the registered agent are:  Susan Roberts  Name  283 Cranes Roost Blvd. (#111)  Florida street address (P.O. Box NOT acceptable)  Altamonte Springs, FL 32701  City, State, and Zip  Having been named as registered agent and to accept service of process for 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	<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
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  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Susan Roberts  Name  283 Cranes Roost Blvd. (#111)  Florida street address (P.O. Box NOT 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.	SAILPORT 2506 PROPERTY INVESTMENTS, LLC	
283 Cranes Roost Blvd. (#111) Altamonte Springs, FL 32701  Altamonte Springs, FL 32701  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  Susan Roberts  Name  283 Cranes Roost Blvd. (#111)  Florida street address (P.O. Box NOT 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.		incipal office of the Limited Liability Company is:
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Dusan Kaberts 57 3	liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
REVINEIEG AVEIL VAIGUME	Registered Agent's	Signature 25

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manag		
"MGRM" = Man	aging Member	
MGRM	Orange Investments, LP	
	4535 W. Sahara Ave., Ste. 204	
	Las Vegas, NV 89102	
(Use attachment i	f necessary)	
NOTE: An addi	itional article must be added if an effective date is requested.	
REQUIRED SIG		
	The second secon	
	Signature of a member or an authorized representative of a member	•
	Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	1
	Alan Russell Typed or printed name of signee	-
	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)