

L05000109861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600061028386

11/14/05--01019--001 **125.00

11/14/05--01019--002 **30.00

11/14/05--01019--003 **5.00

FILED
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05 NOV 14 PM 2:27 05 NOV 14 AM 11:33
STATE DIVISION OF LITIGATION
TALLAHASSEE, FLORIDA

CT CORPORATION

November 14, 2005

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301

Re: Order #: 6498957 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

Sunny Brook Property Management Investment Group, L.L.C. (FL)
Formation
Florida

Sunny Brook Property Management Investment Group, L.L.C. (FL)
Certificate of Status-Domestic
Florida

Sunny Brook Property Management Investment Group, L.L.C. (FL)
Cert Copy of Articles of Org
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7515

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNNY BROOK PROPERTY MANAGEMENT INVESTMENT GROUP, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH T. LETKE

(Name of Person)

LETKE & ASSOCIATES

(Firm/Company)

18225 MORRIS AVE.

(Address)

HOMERWOOD IL 60430

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH T. LETKE

(Name of Person)

at (708) 922-2148

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNNY BROOK PROPERTY MANAGEMENT INVESTMENT GROUP 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:

233 SE 20TH AVENUE
DEERFIELD BEACH, FL
33441

SAME


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

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

JOSEPH T. LETKE
Name

233 SE 20TH AVENUE
Florida street address (P.O. Box **NOT** acceptable)
DEERFIELD BEACH FL 33441
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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

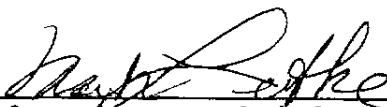
MGRM

MARK LETKE
233 SE 20TH AVENUE
DEERFIELD BEACH, FL 33441

(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 authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARK LETKE

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)