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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To: Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name	:	EMPIRE CORPORATE KIT COMPANY
Account Number	:	072430003255
Phone	:	(305) 634-3694
Fax Number	:	(305) 633-9596

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sunshine Meadows, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine Meadows, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:Diana Alli
1780 NW 52nd Avenue
Lauderhill, FL 33313Mailing Address:Diana Alli
1780 NW 52nd Avenue
Lauderhill, FL 33313

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Diana Alli
Name
1780 NW 52nd Avenue
Florida street address (P.O. Box NOT acceptable)
Lauderhill, FL 33313
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.

X [Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MORM" = Managing Member

MGRMGRMGRMGR**Name and Address:**2006 JAN -6 A 11: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDADiana Alli1780 NW 52nd Avenue
Lauderhill, FL 33313Shafiek Alli1780 NW 52nd Avenue
Lauderhill, FL 33313Rehanna Lochan33 Bridlegrace Drive
Toronto, Ontario M1M 3W8Derek Lochan33 Bridlegrace Drive
Toronto, Ontario M1M 3W8

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Diana Alli

Typed or printed name of signer

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)

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TOTAL P.03