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Office Use Only



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SECRETARY OF STATE

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EFFECTIVE DATE

COVER LETTER

TO:

TO: Registration S Division of Co						
SUBJECT: Sunst	nine City Rentals LL					
	(Name of Limite	d Liability Comp	any)			
	of Organization and feo(s) are s		_			
Please return all corres	pondence concerning this matte	er to the following	g:			
Jorge And	orga					
	(Name of Person)				
	((Firm/Company)	 			
12028 5	W 44 Street					
12930 3	W 44 Sueel	(Address)				
. .		(Fickitoss)			₹ 24	200
Miramar,	, FL 33027				SS	2005 JAN 19
	(City	/State and Zip Cod	ie)		N. C.	==
=					SERV	9
For further information	concerning this matter, please	call:			GF S	7
Jorge Anorga		_{at (} 305	₃ 816-584	43		PM 3: 04
	e of Person)		_/ ,	elephone Numbe	r)	Ŧ
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy				of Status	&
-	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	iourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine City Rentals LLC (Must end with the words "Limited Liability C	Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street add	lress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12938 SW 44 Street	12938 SW 44 Street
Miramar, FL 33027	Miramar, FL 33027
The name and the Florida street ad Jorge Anorga 12938 SW 4	Idress of the registered agent are: Name Name SET OF STATE Name
Miramar	FL 33027

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FFEECTIVE DATE

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Jorge Anorga	
	12938 SW 44 Street	
	Miramar, FL 33027	
		
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 		ZOOG JAN SECKEIA
		HASS
(Use attachment if necessary)		<u>m</u> ~
	the date of filing: 01/16/2006	_ (OPHONAL)
ffective date is listed, the date mu days after the date of filing.)	st be specific and cannot be more than five	e business days
		•
REQUIRED SIGNATURE:		

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)

Jorge Anorga

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee