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SECRETARY OF STATE
TALLAHASSEE, FLORIO







FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2006

CARLOS RIVERA 5458 HOFFNER AVE. STE 303 ORLANDO, FL 32812

SUBJECT: SUNSHINE AUTO SALES OF ORLANDO, LLC

Ref. Number: W06000027950

We have received your document for SUNSHINE AUTO SALES OF ORLANDO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod Document Specialist

Letter Number: 406A00041310

COVER LETTER

TO: Registration Division of C			
SUBJECT:	SUNSHINE AUTO		
	(Name of Limite	ed Liability Com	pany)
The enclosed Articles	of Organization and fee(s) are s	submitted for fili	ng.
Please return all corre	spondence concerning this matt	er to the followin	g:
	CAR	LOS RIVEI	RA
		(Name of Person)	
		(Firm/Company)	
	5458 HOFF	NER AVE	E. STE 303
		(Address)	
	ORLA	NDO, FL	32812
		//State and Zip Cod	
For further informatio	n concerning this matter, please	call:	
CARLOS RIVE	RA	at (407	, 624-4291
(Nar	ne of Person)	(Area Co) 624-4291 de & Daytime Telephone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	e \$\sum \$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 I Certified Copy (additional copy	Oy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section to of Corporations Building tecutive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: SUNSHINE AUTO SALES OF ORLANDO, 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: Mailing Address: Principal Office Address: 4500 Lanier Ln. 4500 Ross Lanier Ln. Kissimmee, Fl 3458 Klssimmee, Fl 34758 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: CARLOS RIVERA Name 5458 HOFFNER AVE. STE 303 Florida street address (P.O. Box NOT acceptable)

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 (REQUIRED)

City, State, and Zip

ORLANDO,

(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" = Mar "MGRM" = M	ager anaging Member	Name and Address:
MGR		Mohammed Shahnoor Mutee
		4500 Ross Lanier Ln.
		Kissimmee, FI 34758
MGRM		Shahrukh Mutee
		4500 Ross Lanier Ln.
		Kissimmee, Fl 34758
	•	
	 .	
(Use attachme	nt if necessary)	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must h	e date of filing: (OPTIONAL be specific and cannot be more than five business days
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must le date of filing.)	be specific and cannot be more than five business days
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must le date of filing.)	
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filling.) SIGNATURE: Signature of a member (In accordance with si	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
CLE V: Effecti effective date is 0 days after the	ve date, if other than the listed, the date must be date of filling.) SIGNATURE: Signature of a member of this document considered than the cons	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)