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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCISOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

M. Thomas JUL 27 2006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 26 AM 8:38

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SUNSHINE BUILDERS, LLC

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DIVISION OF CORPORATION

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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Justin T. Reed
BlumbergExcisor Corporate Services, Inc.
62 White Street
New York, NY 10013

H060001895783

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SUNSHINE BUILDERS, LLC**ARTICLE II - Address:**

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

Principal Office Address:13110 SW 43RD STREETDAVIE, FL 33330**Mailing Address:**13110 SW 43RD STREETDAVIE, FL 33330**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

AMIT RAZ

Name

13110 SW 43RD STREETFlorida street address (P.O. Box NOT acceptable)DAVIE, FL 33330

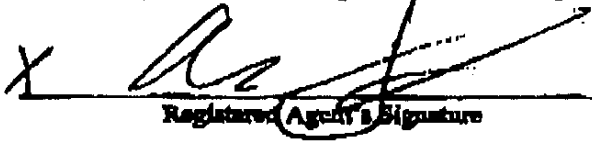
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

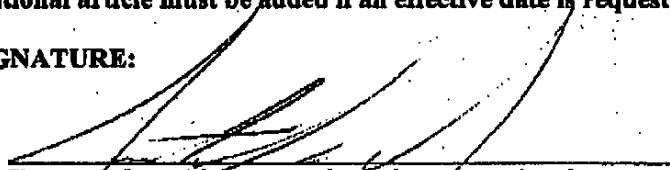
The name and address of each Manager or Managing Member is as follows:

Title:**"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGRM****AMIT RAZ****13110 SW 43RD STREET****DAVIE, FL 33330****MGRM****YOSEF HAROSH****1134 SW 149 TERRACE****SUNRISE, FL 33326****MGRM****DAVID WEAKLEY****28-81 PLANTATION****WINTER HAVEN, FL 33884**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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.)

Justin T. Reed, Organizer

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)**