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LORIDA/FOREIGN LIMITED LIABILITY CO.

SON SHINE INVESTMENTS GROUP, LLC

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Electronic Filing Menu

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Help

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STATEMENT OF REGISTERED AGENT

LIMITED LIABILITY COMPANY: Good Fortune Farm, LLC

REGISTERED AGENT/OFFICE: Theresa Bowman, Esq. 14339 Smith Sundy Road

Delray Beach FL 33446

SECRETARY OF STATE AS LY 07 FLP 28 SH 8: 47

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

THERESA BOWMAN. 260. by T. Baez as attorney-in-fact Date: February 27, 2007.

Theresa A. Bowman | FL Bar Member 1139 The Law Office of Theresa A. Bowman, Esq., P.A. 14339 Smith Sundy Road Delray Beach FL 33446 561-441-1292

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: SON SHINE INVESTMENTS GROUP, LLC (Most 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: Malking Address: 8610 MAIN STREET, #11-102 6510 MAIN STREET, #11-102 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 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 Floridz registration.) The name and the Florida street address of the registered agent are: SONIA DE LA MATA 6510 MAIN STREET, #11-102 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.

City, State, and Zip

MIAMI LAKES

FL 33014

(CONTINUED)
Page 1 of 2

red Agent's Signature (REQUIRITY)

ARTICLE IV- Manager(s) or Managing Member(t): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: MGR" = Manager MGRM" = Managing Member SONIA DE LA MATA 6510 MAIN STREET, #11-102 MIAMI LAKES, FL 33014 6510 MAIN STREET, #11-102 MANUEL DE LA MATA MIAMI LAKES, FL 33014 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 3/1/07 (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: emples or an authorized representative of a member. (In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) BONIA DE LA MATA

Typed or printed name of signos