Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070002164373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Account Name : CORPORATION SERVICE COMPANY

Account Number : I200000001986 Sales Sales

Phone

: (850)521-1000

Fax Number

: (850)558-1575

FLORIDA/FOREIGN LIMITED LIABILITY CO.

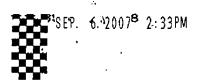
SUNSET GROUP LLC

Certificate of Status Certified Copy 0 Ø Page Count 3 Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

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August 30, 2007

FLORIDA DEPARTMENT OF STATE Division of Corporations

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CORPORATION SERVICE COMPANY

SUBJECT: SUNSET GROUP LLC

REF: W07000042865

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P96000047729.

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) 245-6967.

Leslie Sellers

FAX Aud. #: H07000216437 P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	AR1	rici	ÆΙ	- Na	me:
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The name of the Limited Liability Company is:

FULL MOON GROUP LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

c/o Marc DiLorenzo

c/o Marc DiLorenzo

300 South Pointe Drive, Apt. 3206 Mismi Beach, FL 33139

300 South Pointe Drive, Apr 3206 Miami Beach, FL 33139

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 untity with an active Florida registeration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

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..

Corporation Service Company

Troy Todes

: (2)/10

Registered Agent's Signature (REQUIRED)

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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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Marc DiLorenzo 300 South Pointe Drive, Apt 3206 Miami Beach (Use attachment if necessary) 400 600 8 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.)

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

(In accordance with section 608.408(3), Florida Stampes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alan Winters

Typed or primed came of signee

Filing Fees:

REQUIRED SIGNATURE:

\$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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007 AUG 29 AM 8: 43 SECRETARY OF STATE