

68000047606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2008 MAY 12 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAY 13 2008

EXAMINER

Florida Department of State  
Corporation Division  
PO Box 6327  
Tallahassee, FL 32314

Oakland Sunrise Investments, LLC

Enclosed is the original and one copy of the Articles and a check in the amount of 125.00 which represents the filing fee for a Limited Liability Company. Please return the enclosed additional copies to me with the filing date stamped on it.

FROM Strategic Corporate Services Plus, Inc.

849 East Aultman Street

Ely, NV 89301

1-866-310-7269  
( Telephone)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Oakland Sunrise Investments, 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:

11110 West Oakland Park #203  
Sunrise, FL 33351

#### Mailing Address:

11110 West Oakland Park #203  
Sunrise, FL 33351

### 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:

Sergio Trejo

Name

11110 West Oakland Park #203

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

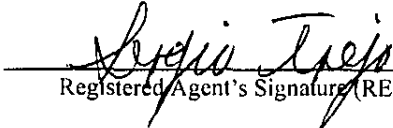
Sunrise FL 33351

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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)

(CONTINUED)

Page 1 of 2

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

**Name and Address:**

"MGRM" = Managing Member

Sergio Trejo

11110 West Oakland Park #203

Sunrise, FL 33351

**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.)

2008 MAY 13 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
P. 00904  
Business days

**REQUIRED SIGNATURE:**

Argio Trejo  
Signature of a member or an authorized representative

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

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sergio Trejo

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**