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T. CLINESSEE SEP 17 2010 FIGURE SEP 17 2010 FIGURE

COVER LETTER

TO: Registration Division of C			
SUBJECT: Sur	set Construc Name of Limi	From L. C. ited Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	•
Please return all corres	pondence concerning this ma	tter to the following:	
	Micheal B	Name of Person	
	Sunset	construction Firm/Company	L.L.C.
<u> </u>		Freedom Rd. Address	
	Tallahass	ty/State and Zin Code	
	E-mail address: (to be used	ty/State and Zip Code 55 ica Qyahoo. Corfor future annual report notification)	~
For further information	concerning this matter, pleas		
Name	of Person	at (<u>850</u>) <u>566 - 950 S</u> Area Code & Daytime Telephone Nur	nber
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	cate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SEP 17 PH 4:5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	=	mpany is:					
(Must e	Sun 3 et	imited Liability	Company, L.L.	+;07 C.," or "LLC.")	of h	<u>or</u> th	Flor
ARTICLE II - Addr The mailing address a		s of the prin	cipal office o	f the Limited	Liability	/ Com	ipany is:
Principal Office Add	lress:		Mailing Add	ress:			
8721 Free	for Pd FL, 3230	<u></u> 25	8721 Talleha	Freedo	. 32:	<u>30</u> 5	
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ	any cannot serve as it	s own Registere					
The name and the Flo	Mike 8721 Florid Tallahas	Bas le Name Freed da street addres Siste I City, State,	om Rb. ss (P.O. Box NO st 3230 and Zip	OT acceptable)	AUN	10 SEP 17 PH 4: 59	
Having been named a				_			

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: "MGR" = Manager "MGRM" = Managing Member MGRIM (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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: Signature of a member or an authorized representative of a member.

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

Filing Fees:

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

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Micheal Bayles
Typed or printed name of signee