

Division of Corporations

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2nd FAX
L11000055648141

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.

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**FLORIDA LIMITED LIABILITY CO.
 SUNACOR LLC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$155.00

D. BRUCE

MAR 8 2011

EXAMINER

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P.002



March 3, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: SUNACOR LLC
REF: W11000012236

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

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H11000055648
Letter Number: 311A00005258

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

The name of the Limited Liability Company is:

SUNACOR 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:2253 NW 208TH TERRACE
PEMBROKE PINES, FL 33029**Mailing Address:**2253 NW 208TH TERRACE
PEMBROKE PINES, FL 33029**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:

SANDER RICHIEZ

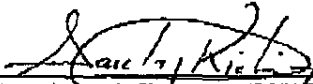
Name

2253 NW 208TH TERRACEFlorida street address (P.O. Box NOT acceptable)PEMBROKE PINES, FL 33029

City, State, and Zip

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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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

SANDER RICHIEZ

(MGRM)

2253 NW 208TH TERRACE

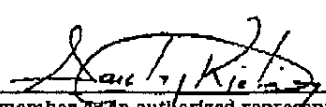
PEMBROKE PINES, FL 33029

(Use attachment if necessary)

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.)

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.)

SANDER RICHIEZ

Typed or printed name of signee

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