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FLORIDA LIMITED LIABILITY CO.
Sunset RE LLC

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**ARTICLES OF ORGANIZATION
OF
Sunset RE LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Sunset RE LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1110 Lake Ave, Wilmette, Illinois 60091.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Gene Greiner, 463688 State Road 200 Suite 1, #421, Yulee, Florida 32097. Located in the County of Nassau.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

Gene Greiner, 1110 Lake Ave, Wilmette, Illinois 60091



Date: March 14, 2012

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT # H120000767723

FAX AUDIT # H120000767723CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

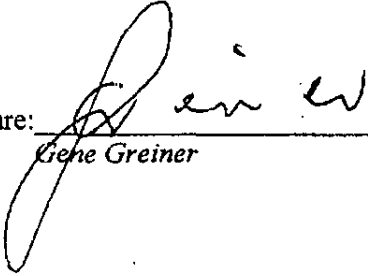
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Sunset RE LLC

The name and address of the registered agent and office is Gene Greiner, 463688 State Road 200 Suite 1, #421, Yulee, Florida 32097. Located in the County of Nassau.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____


Gene GreinerDate: 3-19-12

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