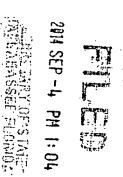
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

SEP: 10 2014 J. BRUCE

Negistration Section Division of Corporations	
SUBJECT: SUNGTAR CONGTRUCTION GROUP, LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert E. Lofley	
Name of Person	
SUNGTAR CONSTRUCTION GROUP, LLC	
Firm/Company	
3837 Northdale Blvd, Ste 337	
Address	
Tampa, FL 33624 City/State and Zip Code	<u> </u>
robertlofley@amail.com	¥ SE
E-mail address: (to be used for future annual report notification)	' 0
For further information concerning this matter, please call:	<u>후</u>
Pobert Lofley at 813 900-1294 Name of Person Area Code Daytime Telephone Number	PM :: 04
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,	

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SUNSTAR CONSTRUCT (Must end with the words "Limited	TON GROUP, LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3837 Northdale Blvd Gtc. 337 Tampa, FL 33624	3837 Northdale Blvd Ste. 337 Tampa, FL 33624
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered Robert E.	agent are: Lofley
Name 3837 North Florida street address (P.O. Box	blace Blvd. Ste 337 NOT acceptable)
<u>tampa</u>	FL 33624 SP 1
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	rvice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S.
Registered Agent's Signat	ture (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	Robert E. Lofley
	Dover FL 33527
MGR	Charles M. Dray Jr. 8341 Fountain Que.
	Tampa, FL 33615
	·····
	
II	
EV: Effective date, if other than the date	e of filing: (OPTIONAL)
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EV: Effective date, if other than the date ctive date is listed, the date must be sp filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document
ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. 25.0203 (1) (b) and the facts stated herein are true. 25.0203 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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Page 2 of 2