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SECRETARY OF STATE
TALL ANASSEE, FLORIDA

J. Statuers DEC 1 0 2014

COVER LETTER

TO:	Registration Division of	s Section Corporations		
SUBJE	ECT: <u>Everla</u> s	sting Sun Homes LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Anthony	Françavilla	Name of Person	
	_Everlast	ing Sun Homes		
			Firm/Company	
	<u>8532 Ma</u>	arlberry Court	Address	,
	<u>Port Sair</u>	nt Lucie, Fl 34952	City/State and Zip Code	
_tn	yc8532@gma	ail.com	d for future annual report notific	ation)
For fur	ther informatio	on concerning this matter, ple	ase call:	
Antho	ny Françavilla Nar	at (at (at (at (646) 352-3355 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
] \$ 125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Everlasting Sun Homes LLC (Must end with the words "Limite	ed 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:	Mailing Address:
8532 Marlberry Court Port Saint Lucie. FL 34952	8532 Marlberry Court Port Saint Lucie.FL 34952
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	m Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
Anthony Francavilla Nan	ne
8532 Marlberry Court Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)
Port Saint Lucie	FL 34952
City	Zip
the place designated in this certificate, I hereby according capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the co	UED)

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager "Pres"	Anthony Francavilla	
	8532 Marlberry Court	
	Port Saint Lucie.FL 34952	
"MGR"	Vincent Françavilla	
111317	1765 Second Avenue	
	New York, N.Y, 10128	
		
(Use attachment if necessary)		
EV: Effective date, if other than the dat	te of filing: _11/30/2014 (OPTIONAL pecific and cannot be more than five business days prior (
E V: Effective date, if other than the date ective date is listed, the date must be s of filing.) E VI: Other provisions, if any.		
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