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(Ad	ldress)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

EBISSAIJAN - 8 2015

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 14021 US 27 LLC Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
DAVID GREGO	Name of Person	
	Firm/Company	
7423 US 27 S	Address	
SEBRING FLORIDA 33876	City/State and Zip Code	
SUNRISEAPPLIANCE@AOL.COM E-mail address: (to be use	•	ation)
For further information concerning this matter, ple	ase call:	
DAVID GREGO at (Name of Person	954) 557 5085 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Add Registration Section	ress
Division of Cornerations	Division of Corneral	tions

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

14021 US 27 LLC			
	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:		
14021 US 27 S SEBRING FL	7423 US 27 S SEBRING FL		
33870	33876		
The name and the Florida street address of the registered DAVID GREGO Nam 7423 US 27 S Florida street address (P.O. Both SEBRING	TARY O	14 DEC 24 PM 4: 1.	
City	Zip Ş.F.	a	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the of Charles Registered Agent's Sign	ept the appointment as registered agent and agree to ns of all statutes relating to the proper and complete obligations of my position as registered agent as pro apter 605, F.S	o act in t perform	this ance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	DAVID GREGO
	7423 US 27 S
	SEBRING FL 33876
,	Are C
	
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	77.20
(Use attachment if necessary)	י ויי,ם
(Use attachment if necessary)	D.F. OA
CLE V: Effective date, if other than the date	e of filing: <u>01-01-2015</u> (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	D.F. OA
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing: <u>01-01-2015</u> (OPTIONAL)
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CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: 01-01-2015 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median constitutes an affirmation under the lambda and false inforconstitutes a third degree felority.	e of filing: 01-01-2015 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. It is a provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a median constitutes an affirmation under the lambda and false inforconstitutes a third degree felority.	e of filing: 01-01-2015 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)