

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GONZALEZ & RODRIGUEZ, P.L.
Account Number : I20040000138
Phone : (305) 461-4880
Fax Number : (305) 461-5880

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: hrodriguez@gr-law.net

**FLORIDA LIMITED LIABILITY CO.
SUNSHINE 5005, LLC**

FILED

2015 MAY 18 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 MAY 18 PM 4:56

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Division of Corporations

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**ARTICLES OF ORGANIZATION
OF
SUNSHINE 5005, LLC**

ARTICLE I - NAME

The name of this Limited Liability Company ("Company") shall be:
SUNSHINE 5005, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1530 NW 98th CT, Suite 101 Doral, FL 33175.

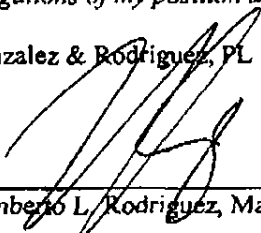
ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the initial registered agent of the Company is:

Gonzalez & Rodriguez, PL
999 Ponce De Leon Blvd., Suite 1135
Coral Gables, Florida 33134

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 605, F. S.

Gonzalez & Rodriguez, PL

By: 
Humberto L. Rodriguez, Manager

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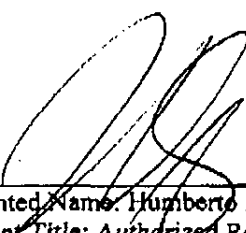
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ARTICLE IVI - MANAGERS

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>NAME & ADDRESS</u>
MGR	Consuelo Niebla 1530 NW 98 th CT, Suite 101 Doral, FL 33175

MGR	Marcos A. Niebla 1530 NW 98 th CT, Suite 101 Doral, FL 33175
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Printed Name: Humberto L. Rodriguez
Print Title: Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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