

Florida Department of State
 Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
 SUNSHINE Gonzalez AC LLC

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May 9, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC

SUBJECT: SUNSHINE AC LLC
REF: W16000033769

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is S09028 - SUNSHINE AIR CONDITIONING, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: E16000113713
Letter Number: 416A00009663

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Sunshine Gonzalez AC LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

220 NW 87 AVE. K-201
Miami FL 33172

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Joel Gonzalez Mendez
220 NW 87 AVE K-201
Miami FL 33172

ARTICLE IV-

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

Joel Gonzalez Mendez (Ambr)
Claudia M. Useda (Ambr)

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Required Signatures:

X *Joel*

Signature of a member or an authorized representative of a member.

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.

Joel Gonzalez Mendez

Typed or printed name of signee

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..

X *Joel*

Registered Agent's Signature (REQUIRED)

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