05/09 2016 1 23

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000113713 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

E17	Address:			

FLORIDA LIMITED LIABILITY CO.

SUNSHINE GODZAlez AC LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

3

1/001 * 5/9/2016 12:26:03 PM PAGE

Pax Server

01/04

PAGE

850-817-8381

May 9, 2016

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

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 refax 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.

Toresa Brown Regulatory Specialist II PAX Aud. #: H16000113713 Letter Number: 416A00009663

H16000113713

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The hame 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 FC 33172 = 33 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 =
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability on Company cannot serve as its own Registered Agent. You must designate an individual or another business entire 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)

H16000113713

Remired Signatures:

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..

Registered Agent's Signature (REQUIRED)