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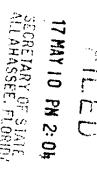
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K. Brumbley

## COVER LETTER

TO: New Filing Section

Division of Corporations
SUBJECT: LMS SUNSHINE STATE PROPERTIES LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LILIAN SONNENSCHEIN Name of Person
Name of Person
LMS SUNSHINE STATE PROPERTIES
Firm/Company
4224 Central SARASOTA PARKWAY # 1122
SARASOTA, FL 34238  City/State and Zip Code  Lms 6920315@gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lillian Sonnewschein 401 692-0315  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

ARTICLE I - Name: The name of the Limited Liability	Company is:			RETAF AHAS	MAY II	Por la serie de la
LMS S	UNSHINE STA	TE PROP	ERTIES L	ر جي المحافظة	O P	
(Must contai	in the words "Limited Liability	Company, "L.L.C.,	" or "LLC.")	FLO	<i>∵</i>	-
ARTICLE II - Address: The mailing address and street add	Company is:  OUN SHINE STA in the words "Limited Liability dress of the principal office of  1 Office Address:	the Limited Liability	y Company is:	30%	40	
<u>Principa</u>	l Office Address:		Mailing Address:			
4224 Central # 1122 SARASOTA, F	SARASOTA PKU =L 34238	9 4224 # 11 2 SARA	Central S. 2 SOTA, FL 3	<u>AKASOTA</u> 34238	PK	CWY
ARTICLE III - Registered Agen The Limited Liability Company of another business entity with an ac	cannot serve as its own Registe			al or		
The name and the Florida street ac	ddress of the registered agent a	re:				
	Lillian 5	ONNENSC	HEIN			
	Florida street address (P.O. I	SARASO	STA PKWY	#11	22	-
	SARASOTA P City St	= <u> </u>	74238 Zip			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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..

Lillian Sonnensela

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Mem	Name and Address: er
"MGR" = Manager	LILLIAN SONNENSCHEIN
	LILLIAN SONNENSCHEIN 4224 CENTRAL SARASOTA P
MGR	SARASOTA, FL 34238
(I lee attachment if necessary)	
EV: Effective date, if other the	an the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date in filing.)	nust be specific and cannot be more than five business days prior to or 90 d does not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other the ective date is listed, the date of filing.) the date inserted in this blockment's effective date on the D	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
EV: Effective date, if other the ective date is listed, the date of filing.) the date inserted in this block nent's effective date on the DE VI: Other provisions, if any experience of the expe	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  Lillian Sonnenschein
E V: Effective date, if other the ective date is listed, the date of filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signate This docume I am aware the	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.  Lillian Jonnenschen  re of a member or an authorized representative of a member.  t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.
E V: Effective date, if other the ective date is listed, the date of filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signate This docume I am aware the	Lillian Somenster  re of a member or an authorized representative of a member.  t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  at any false information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-