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COVER LETTER

	New Filing Section Division of Corporations			
	SUNDOWNERS CONSUL	TING LLC		
SUBJEC		ame of Limited Li	ability Company	
The enclo	osed Articles of Organization and	1 fee(s) are submi	tted for filing.	
Please ret	urn all correspondence concerni	ng this matter to t	he following:	
	TRICIA JOHNSON			
		Name	e of Person	
		Firm	/Company	
	400 ALTON ROAD APT 260)4		
		A	ddress	
	MIAMI BEACH, FL 33139			
	TARNYC@AOL.COM	City/State	e and Zip Code	
	E-mail address: (to be used for futu	re annual report notifica	ation)
For further	information concerning this ma	tter, please call:		
	TRICIA JOHNSON	917	6962862	
)	
	Name of Person	Area Cod	e Daytime Telepho	one Number
Enclosed	is a check for the following amo	ount:		
\$125,001	Filing Fee \$130.00 Filing Certificate of	Status LLCe	55.00 Filing Fee & rtified Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:			
SUNDOWNERS CONSU (Must contain the		iability Com	pany. "L.L.C" or "LLC.")	·
ARTICLE II - Address: The mailing address and street address	of the principal of	ice of the L	imited Liability Company is:	
Principal Off	ice Address:		Mailing Addre	<u>ss</u> :
400 AUTON ROAD APE?	หก		AND ATTOM ROAD APT MAIL	<u> </u>
MIAMERFACH FE 3313	9		MIAMIREACH FL 33139	
<u>-T(A</u>	s of the registered a ICLA_IOHNSON DALTON ROAD A orida street address	Name PT 2604	(OT acceptable)	
All	AMI_RFACH_	FI	33139	
	City	State	Zip	
laying been named as registered agent oblace designated in this certificate. I hero in ther agree to comply with the provision in familiar with and accept the obligation.	rby accept the appo ns of all statutes re ons of my position a	ntment as reating to the j	egistored agent and agree to act in Spoper and complete performance	i this capacity. I e of my duties, and

(CONTINUED)

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

\$ 30.00 Certified Copy (Optional)	TEICLA IOHNSON JOST ATTON ROAD APT 76/14 MIAMI REACH, ET 33139 MATTHEW IOHNSON JOST BOAD APT 76/14 MIAMI REACH, ET 33139 (Use attachment if necessary) E V: Effective date, if other than the date of filing:		uthorized Member			
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing: (Use attachment if necessary) E. V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL)		-		Which a forthly on t	
MIAMI REACH FL 33139 MATTHEW JOHNSON JON ALTON ROAD APT 2601 MIAMI REACH FL 33139 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not liment's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or any authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155. F.S. THICLA TOHNSON Typed or printed name of signce Filing Frees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	MIAMI REACH FL 33139 MATTHEW IOLINSON JOO ALTON ROAD APE 2604 MIAMI REACH FL 33139 (Use attachment if necessary) E.V.: Effective date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not nearly seffective date on the Department of State's records. E.VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree foliony as provided for in s.817.155. F.S. TEICIA TOHNSON Typed or printed name of signee Filing Frees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	MGM				
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	MATTHEW IOUNSON JOO ALTION ROAD APT 2601 AHAMI REACH FL 33130 EV: Effective date, if other than the date of filing:					
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E.V.: Effective date, if other than the date of filing:				SHASH BEAUTICE VICE	
(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	MGM			MATTHEW IOHNSON	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	(Use attachment it necessary) E. V: Effective date, if other than the date of filing:				JOO ATTOM ROAD APE 2604	
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