Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Fra11	Address:			

FLORIDA LIMITED LIABILITY CO. SUN GULF REALTY, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Sun Gulf REAlty, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1222 36 47 Street Suite 208
1222 3E 47 Street, Suite 208 Cape Conal, 4L 33904
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 instress entity with an active Florida registration.) Barbara (United ELLE 2 Valone)
1932 35 47 Street, Suite 208
Cape Coxal, FL 33904
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Barbara Julieurez Varona (MGR)

Required 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 state: 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 a 817.155, F.S.

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, R.S..

Registered Agent's Signature (REQUIRED)