7/31/2090

Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000253836 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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future $rac{d}{dt}$ annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. SUNBAKED SPF LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ED SPF LLC	
6	Must contain the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres The mailing address an	nd street address of the principal office of <u>Principal Office Address</u> :	of the Limited Liability Company is: <u>Mailing Address</u> :
The mailing address an	nd street address of the principal office of	
The mailing address an	nd street address of the principal office of Principal Office Address: MI AVE #4106	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

KIMBER LEIGH TREMBLAY
Name

801 S MIAMI AVE #4106
Florida street address (P.O. Box NOT acceptable)

 MIAMI
 FL
 .33131

 City
 State
 Zip

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 proposition as registered agent as provided for in Chapter 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 JLE 31 Fit J- 37

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 felony as provided for in s.817.155, F.S.

MATHEUS PEDREIRA

Typed or printed name of signee