Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: FASTKIT CORP

Account Number : I28188800009

Phone : (305)599-0839

Fax Number

: (305)592-9591

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. SUNRISE SHORES, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

|                                  | ARTICLES OF ORGANIZATION FOR FLORI                                                                                                                   | DA LIMITED LIABILITY COMPANY                                                        |                                        |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| ARTICLE I -<br>The name of th    | Name:<br>e Limited Liability Company is:                                                                                                             |                                                                                     |                                        |
| SU                               | NRISE SHORES, LLC                                                                                                                                    |                                                                                     |                                        |
| ,                                | (Must contain the words "Limited Liability                                                                                                           | y Company, "L.L.C.," or "LLC.")                                                     |                                        |
| ARTICLE II                       | Address:<br>dress and street address of the principal office of                                                                                      | f the Limited Liability Company is:                                                 |                                        |
| •                                | Principal Office Address:                                                                                                                            | Mailing Address:                                                                    |                                        |
| 264                              | 7 SUNRISE SHORES DR                                                                                                                                  | 597 CURTIS BROOK ROAD                                                               |                                        |
| KIS                              | SIMMEE, FL 34747                                                                                                                                     | RUTLAND, VT 05701                                                                   |                                        |
| (The Limited L<br>another busine | ss entity with an active Florida registration.)  he Florida street address of the registered agent  DANIEL M. KEIL, PROP  Name  6500 COWPEN ROAD, SU | ered Agent. You must designate an individual or are:  ESSIONAL ASSOCIATION  TTE 301 | ************************************** |
|                                  | Florida atreet address (P.O.                                                                                                                         | Box NOT acceptable)                                                                 | ٠                                      |

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..

State

MIAMI LAKES

City

Registered Agent's Signature (REQUIRED)

33014

Zip

(CONTINUED)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TICLE IV-<br>e name and address of each perso                                                                                                                                                                                                                                     | n authorized to manage and control the Limited Liability Company:                                                                                                                                  |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Tit<br>"A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MBR" = Authorized Member GR" = Manager                                                                                                                                                                                                                                            | Name and Address:                                                                                                                                                                                  |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GR                                                                                                                                                                                                                                                                                | MICHAEL HURTADO<br>597 CURTIS BROOK ROAD<br>RUTLAND, VT 05701                                                                                                                                      |         |
| <u>A</u> ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VBR                                                                                                                                                                                                                                                                               | MELISSA CHRISTINA HURTADO<br>597 CURTIS BROOK ROAD<br>RUTLAND, VT 05701                                                                                                                            |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |         |
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| (Us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | attachment if necessary)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                    |         |
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