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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

## FLORIDA LIMITED LIABILITY CO. RK SUNNY REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

AMIO: OB

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
RK SUNNY REALTY	LLC			
(Must end w	ith the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal offi	ce of the Lin	nited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
16711 COLLINS AVE	E, #1905		16711 COLLINS AVE, #1905	
SUNNY ISLES, FL 3		_	SUNNY ISLES, FL 33160	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac The name and the Florida street ac	annot serve as its own R tive Florida registration.	egistered Ag )	Agent's Signature: ent. You must designate an individual or	
	FRANCIS KOROSHII	CH		
		Vamie		
	16711 COLLINS AVE	,#1905		
	Florida street address (	P.O. Box N	T acceptable)	
	SUNNY ISLES	Fl.	33160	
	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 my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent is Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

671 FT 30 FM 100 FM

ARTICLE IV-

(((H210001267403)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	FRANCIS KOROSHIKH
	16711 COLLINS AVE, #1905
	SUNNY ISLES, FL 33160
-	
<del></del>	<del></del>
(Use attachment if necessary)	e date of filing: (OPTIONAL)
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)  (e: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)	the date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days aft  not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)  te: If the date inserted in this block does document's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be listed
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