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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940

Fax Number : (516)935-3088

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

BERNORAY@MSN.COM Email Address:

FLORIDA LIMITED LIABILITY CO. **421 SUN RAY PROPERTIES LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

421 SUN RAY PROPERTIES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

421 N OCEAN BREEZE LAKE WORTH BEACH, FL 33460 421 N OCEAN BREEZE LAKE WORTH BEACH, FL 33460

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BERNARD RAY

Name

218 N PALMWAY

Florida street address (P.O. Box NOT acceptable)

LAKE WORTH BEACH

33460

City

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's Signature (REQUIRED)

Ruseall

BERNARD RAY

(CONTINUED)

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Title:	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager MGR	JJRAY INC
	218 N PALMWAY LAKE WORTH BEACH, FL 33460
Use attachment if necessary)	
EV: Effective date, if other than the dateive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E VI: Other provisions, if any.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REQUIRED SIGNATURE:	Lewarla
Signature of a re (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Signature of a real (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State.

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