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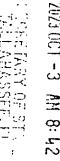
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

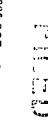




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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SUN Places 5, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marcof Person
Firm/Company
12157 NW 36th Place UNIT# Z-U Address
City/State and Zip Code CARCARRAL @ 9 M2'U, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Larlos Barres at (786) 877-4774 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>	SUN PLaces 5		
(Mı	ist contain the words "Limited Liabili	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and s	street address of the principal office o	the Limited Liability Company is:	
<u>P</u>	rincipal Office Address:	Mailing Address:	
5014	Florence Dr	5014 Florence D	_
<u> AVE. 7</u>	HORENCY Dr Mairiz FL 34142	5014 Florence D AVE Maria FL 34142	
ARTICLE III - Register The Limited Liability Co mother business entity w	ed Agent, Registered Office, & Reg mpany cannot serve as its own Regist ith an active Florida registration.)	stered Agent's Signature: cred Agent. You must designate an individual	or
ARTICLE III - Register The Limited Liability Counother business entity w	ed Agent, Registered Office, & Reg mpany cannot serve as its own Registe ith an active Florida registration.) street address of the registered agent a	stered Agent's Signature: ered Agent. You must designate an individual	or . 1023 GCT
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Reg mpany cannot serve as its own Regist ith an active Florida registration.)	stered Agent's Signature: ered Agent. You must designate an individual	or . 1023 GCT
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Regimpany cannot serve as its own Registration.) street address of the registered agent a law (a b) Name	stered Agent's Signature: cred Agent. You must designate an individual are: M(C) O	or . 100 E/CAY
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Reg mpany cannot serve as its own Register in an active Florida registered agent a street address of the registered agent a street address of the registered agent of the street address of the street addres	stered Agent's Signature: pred Agent. You must designate an individual pre: ((())	or . TOPE VITA OF P
ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & Regimpany cannot serve as its own Registration.) street address of the registered agent a law (a b) Name	stered Agent's Signature: pred Agent. You must designate an individual pre: ((())	or . 100 E/CAY

(CONTINUED)

The name and address of each person at	uthorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR = Manager	CATZIOSE BORTZETZ 5014 FLORENCE DE AVE MARIA EL 3414Z
M6R	Olga C. Ortega - Dizz Soug Floresis or Ave Mario, Fl. 34142
	100 00 00 00 00 00 00 00 00 00 00 00 00
(Use attachment if necessary)	
ne date of filing.)	of filing: 9,05,23 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
REQUIRED SIGNATURE:	(1883acrevelle
This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

as

Filing Fees:

CARLOS TZ BARLEAL

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)