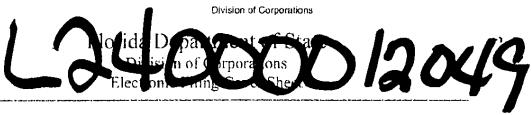
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FLORIDA LIMITED LIABILITY CO. SUNSHINE IP LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 92152AD1-1897-42E5-92F2-088CDD272958

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SUNSHINE IPILLC	
(Must contain the words "Limited Liab	lity Company, "L.IC.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8159 NW 66 STREET	8159 NW 66 STREET
MIAMI, FL 33166	MIAMI, FL 33166
RTICLE III - Registered Agent, Registered Office, & R	
The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.)	isterea Agent. 1 ou must designate an individual of

Name

15757 PINES BLVD #137

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

PEMBROKE PINES FL 33027
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's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

DocuSign Envelope ID: 92152AD1-1B97-42E5-92F2-088CDD272958

Title:	Name and Address:
"AMBR" = Authorized "MGR" - Manager	Member
MGR	T'ANIA GOITIA
MOK	8159 NW 66 STREET
	MIAMI FL 33166
AMBR	THE GOITIA MOZAS REVOCABLE FAMILY TRUST
	8159 NW 66 STREET MIAMI FL 33166
	W173,741 7 12 35 100
(Use attachment if nece	ssary)
TICLE V: Effective date, if c	ther than the date of filing: (OPTIONAL)
in effective (late is listed, the date of filing.)	date must be specific and cannot be more than five business days prior to or 90 days after
te: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date or	the Department of State's records.
ICLE VI: Other provisions.	if any.
REQUIRED SIGNAT	CRE:
	Taria Goitia
<u>-</u>	ignature of a member or an authorized representative of a member.
This do	cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
1 am av	rare that any false information submitted in a document to the Department of State ites a third degree felony as provided for in s.817.155, F.S.
constitu	aus a titu diegree retony as provided to intistativites, r.s.
-	TANIA GOITIA Typed or printed name of signee