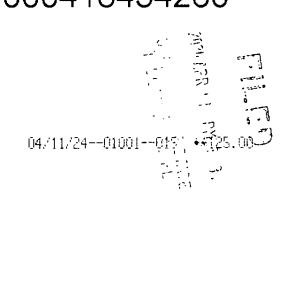
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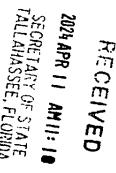
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
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Special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

Office Use Only



000418434260





CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

1.

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SPECIAL

INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: **BROOK 4/10 CERTIFIED COPY PHOTOCOPY** XXGS LLC_ $\mathbf{X}\mathbf{X}$ **FILING** SUNSHINE VIRTUAL MARKETPLACE, LLC (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5 0 1 (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Sunshine Virtual Marketplace, LLC

(Must contain 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:

18591 South Dixie Highway, #1040 Cutler Bay, FL 33157 US 18591 South Dixic Highway, #1040 Cutler Bay, FL 33157 US

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:

GUSTAVO TIJERINO

Name

7721 SW 182nd Ter

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

Palmetto Bav Florida 33157
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.:

/s/ GUSTAVO TIJERINO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address: Gustavo Adolfo Tijerino, Jr. 7721 SW 182nd Ter	
AMBR	AMBR	Palmetto Bay, FL 33157 US Silvia Galvan Tijerino 7721 SW 182nd Ter Palmetto Bay, FL 33157 US	
(If an e the dat	effective date is listed, the date must e of filing.)	e date of filing:	
the doc	cument's effective date on the Depart CLE VI: Other provisions, if any.	ment of State's records.	-
			7
	REOUIRED SIGNATURE:	70	
	/s/ Gustavo Ad	olfo Tijerino, Jr.	 T
	Signature of This document is of I am aware that an	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State, legree felony as provided for in s.817.155, F.S.)
	Gustavo A	Adolfo Tijerino, Jr.	
		Typed or printed name of signee	

The name and address of each person authorized to manage and control the Limited Liability Company:

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-