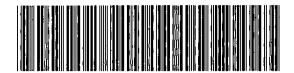
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(Requestor's Name)						
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(City	y/State/Zip/Phone	e #)				
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(Business Entity Name)						
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SUNBURST PROPERTY, LLC

TYPE OF FILING: LIMITED LIABILITY COMPANY

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJ	ECT. Sun	burst Property, LL0	C	
5000			ed Liability Company	
The en	nclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please	return all corre	espondence concerning this mat	ter to the following:	
	<u></u>		N. CD	
			Name of Person	
	Registe	red Agent Solution		 -
			Firm/Company	
	515 Cor	ngress Ave., Suite 2	2300	
			Address	
	Austin, T	X 78701		
		Cit	y/State and Zip Code	
,		E-mail address: (to be used	or blaw, com for future annual report notification)	
For fur	ther information	on concerning this matter, please	,	
Clier	nt Services	Department	at (888) 705-7274	
	Nan	ne of Person	Area Code & Daytime Telephone Number	r
Enclos	sed is a check	for the following amount:		
] \$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔH	TAT	R. I	- Na	me!

The name of the Limited Liability Company is:

Sunburst Property, 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:

1213 Granada Court

P.O. Box 421

Lady Laks, FL 32159

Connequenessing, PA 16027

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 Plorida street address of the registered agent are:

Andrea Daquelente

Name

215 Desota Court

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

Lady Lake

_{FL} 32159

City, State, and 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 608, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" - Managor "MORM" - Managing Member Robert Daquelente MGR 116 Dogwood Lane Connoquenessing, PA 16027 MGR Andrea Daquelente 215-Desota Court Lady Lake, FL (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memberer an authorized representative of a member.

(In accordance with acction 608,408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in 8,817,155, F.8.)

Robert Daquelente

Typed or printed name of signee

Filing Feest

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$`30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2