

L14000195021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

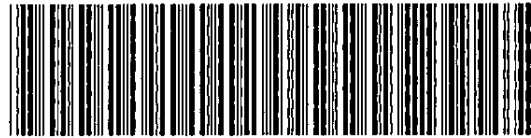
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 DEC 23 AM 9: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 24 2014
T. HAMPTON

CSC

ACCOUNT NO. : I20000000195

REFERENCE : 432833 7731005

AUTHORIZATION :

Spredeman

COST LIMIT : \$ 125.00

ORDER DATE : December 23, 2014

ORDER TIME : 2:52 PM

ORDER NO. : 432833-005

CUSTOMER NO: 7731005

DOMESTIC FILING

NAME: 2116-SUN CITY CENTER, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
2116 – SUN CITY CENTER, LLC

ARTICLE I – Name

The name of the limited liability company is: 2116 - SUN CITY CENTER, LLC.

ARTICLE II – Address

The mailing address and street address of the principal office of the limited liability company is 3839 Chandler Drive, Minneapolis, Minnesota 55421.

ARTICLE III
Management

The Company shall be a member managed company.

ARTICLE III
Registered Agent, Registered Office and Registered Agent's Signature

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

Erika Lloyd
2033 Hanstead Circle
Sun City Center, FL 33573

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, Florida Statutes.



Registered Agent

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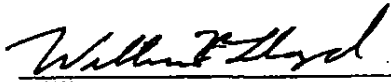
ARTICLE IV
Manager(s) or Managing Member(s)

The name and address of each Manager is as follows:

Managing Member:	William H. Lloyd 1901 Sky High Drive New Brighton, MN 55112
Managing Member:	Maria E. Lloyd 1901 Sky High Drive New Brighton, MN 55112

Dated: December 19, 2014

REQUIRED SIGNATURE:



William H. Lloyd

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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Filing Fees:

\$125.00	Filing Fee for Articles of Organization & Designation of Registered Agent
\$ 30.00	Certified Copy (Optional)
\$ 5.00	Certificate of Status (Optional)