# L01000009576

Registration Section Division of Corporations 409 E. Gaines Street PO Box 6327 Tallahassee, Fl. 32314

500004376376---6 -06/07/01--01121--001 \*\*\*\*125.00 \*\*\*\*125.00

June 5, 2001

To Whom It May Concern:

Enclosed is my application for a Limited Liability Company in the State of Florida. The requested name of the company is Sunny Oak Villas Florida LLC and the address is 112 Sunny Oak Trail Indian Pointe Kissimmee, Florida 34746.

I would like to thank all the individuals who will make this possible. If you have any questions please do not hesitate to call my consultant at 407 944-0024.

Sincerely,

Mark Miller

Registered Agent

C/o Boozer Enterprises

3359 W. Vine Street #104

Kissimmee, Fl. 34741

Enclosure

O1 JUN -7 AM 9: 57
SUCKETARY OF STATE
TALLAHASSEE FLORID.



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: Sunny Oak Villas Florida LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 112 Sunny Oak Trail Indian Pointe Kissimmee, Florida 34746

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name
112 Sunny Oak Trail Indian Pointe
Florida street address (P.O. Box NOT acceptable)
Kissimmee, FL 34746
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..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Miller

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)