## Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

25

MJH

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020000231942)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501 O2 JAN 25 PH 2: 4

## LIMITED LIABILITY COMPANY

Sunsescapes, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

## ARTICLES OF ORGANIZATION OF Sunsescapes, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Sunsescapes, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1635 Eversedge Drive, Alpharetta, Georgia 30004.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Mary Brann, 1635 Eversedge Drive, Alpharetta, Georgia 30004 Scott Brann, 1635 Eversedge Drive, Alpharetta, Georgia 30004

Richard Oster, Vice President **Business Filings Incorporated** Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717 (608) 827-5300

to 20000231942

FAX AUDIT#

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Sunsescapes, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

| Signature:      | ( Q ( ) +     |                |      |
|-----------------|---------------|----------------|------|
| Business Filing | Incorporated, | Richard Oster, | V.P. |

Date: January 25, 2002

FAX AUDIT #\_\_\_\_\_