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BLACK, SIMS, BURNETT & BIRCH, L.L.P. ATTORNEYS & COUNSELORS AT LAW

G. LARRY SIMS RANDOM R. BURNETT DONALD M. BIRCH, JR. 501 N. GRANDVIEW AVENUE, 3RD FLOOR SUNTRUST BUILDING DAYTONA BEACH, FL ORIDA 32118 POST OFFICE DRAWER 265669 DAYTONA BEACH, FLORIDA 32126-5669 TELEPHONE (386)253-8195 x 322 FACSIMILE (386)253-8198 E-MAIL: larrysims@blacklaw.biz

DAVID L. BLACK (1900-1974)

TRANSMITTAL LETTER

TO: Registration Se Division of Co	ection rnorations			
November 8,				
SUBJECT:		PARK, LLC		
		I Liability Company)		_
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
; ;		• • •	•	¥s ≥
	G. LARRY SI	MS, ESQUIRE		FE0 34
	(ì	Name of Person)		SECRETARY ALLAHASSI
	BLACK, SIMS, BU	RNETT & BIRCH, LLP		H-02
	(I	Firm/Company)		M 15: 47 OF STATE
	POST OFFICE	DRAWER 265669		A
<u> </u>		(Address)		
	DAYTONA BEAG	CH, FL 32126-5669		
		State and Zip Code)		
For further information	concerning this matter, please	• ,		
	Sims, Esquire	at (386) 253-8195		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	_
Enclosed is a check for	or the following amount:			
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filin Certificate of Sta Certified Copy (additional copy is a	atus &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SUNSHINE PARK, LLC		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5111 Ridgewood Avenue Suite 300 Port Orange, FL 32127	Post Office Box 238071 Port Orange, FL 32123	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	AR 55 ~	 j
D. ANDREW CLARK	SSEE RY C	· i
Name	FE'S	 .
5111 Ridgewood Avenue, Suite	e 300 RIDE STATE CORRESCED OF ROCENTARIES	
Florida street add	ress (P.O. Box NOT acceptable)	
Port Orange, FL 32127	FL	
City, State, as	nd 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

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	D. Andrew Clark 5111 Ridgewood Avenue. Suite 300 Port Orange, FL 32127			
		_ _ _		
(Use attachment if necessary) NOTE: An additional article must be a	ndded if an effective date is requested.	SECRETAR TALLAHASS	2004 1:09 1.5	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.	Y OF STATE SEE, FLORIDA	5 M 10 47	į
(In accordance with section of this document constitutes that the facts stated herein D. Andrew Clark	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury			

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)