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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:	THE SON IS	RISING LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		MACKEY	
	a	Name of Person)	
	THE SON IS	RISING LLC	
	C	Firm/Company)	
	8720 FORT JE	EFFERSON BLVD	
		(Address)	
	ORLANDO	, FL 32822	
		State and Zip Code)	
For further information	concerning this matter, please	call:	
MARCY MA	CKEY	at (407) 275-5480)
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		
Ø \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

A

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY					
ARTICLE I - Name: The name of the Limited Liability Company is:					
THE SON IS RISING LLC					
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabi	lity Co	mpany	is:	
Principal Office Address:	Mailing Address:				
8720 FORT JEFFERSON BLVD ORLANDO, FL 32822	8720 FORT JEFFERSON BLVD ORLANDO, FL 32822		-		
ARTICLE III - Registered Agent, Registered		ignatur	·e:		
The name and the Florida street address of the r	-				
MARCY MAI	CKEY				
8720 FORT JEFF	ERSON BLVD				
	ress (P.O. Box NOT acceptable)				
ORLANDO), _{FL} 32822				
City, State, a					
Having been named as registered agent and to a liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	his certificate, I hereby accept the c y. I further agree to comply with th rformance of my duties, and I am fi	appointi e provis amíliar	nent as sions of with ar	r fall nd	
Registered Agent's	Mackey s Signature		18 NV 50	** * <u>*</u> * <u>*</u> * * <u>*</u>	
(CONTIN	UED)		P	11	
Page 1 of 2			1: 52	•••	

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 Memb	Name and Address:
MGRM	MARCY MACKEY
	8720 FORT JEFFERSON BLVD
	ORLANDO, FL 32822
MGRM	TIM MACKEY
	8720 FORT JEFFERSON BLVD
	ORLANDO, FL 32822
	
(Use attachment if necessary)	
NOTE: An additional artic	le must be added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordanc of this docum	a member or an authorized representative of a member. e with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury is stated herein are true.)
	MARCY MACKEY
·	Typed or printed name of signee

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)