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| (Re | questor's Name |) |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | ume) |
| (Document Number) | | |
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TRANSMITTAL LETTER

| Division of Cor | | | |
|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: JANIS N. | DUNN, LLC | | |
| | (Name of Limited | i Liability Company) | |
| | Organization and fee(s) are so | | |
| Janis N. | Dunn | | |
| | | Name of Person) | |
| JANIS N. DUNN, LL | c | | |
| | (| Firm/Company) | |
| 104500 Ove | erseas Hwy., Unit C-402 | | |
| | | (Address) | |
| Key L | argo, Florida 33037 (City | State and Zip Code) | ******* |
| For further information | concerning this matter, please | call: | ٦ 2 |
| Janis N. Dunn | | at (305) 453-3902 | ALLAR T |
| | of Person) or the following amount: | (Area Code & Daytime To | SECRETARIE OF STATUS OF ST |
| Ø \$125.00 Filing Fee | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status Certified Copy (additional copy is enclosed) |
| | ET ADDRESS: | MAILING A | |
| | ration Section on of Corporations | Registration S Division of Co | |
| 409 E. | . Gaines Street assee, Florida 32399 | P.O. Box 632 Tallahassee, F | 7 - |
| * ************************************ | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RICHESOF ORGANIZATION FOR PLONIDA LAVITED LANDIZATI COMPLEXA | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|------------|
| ARTICLE I - Name: The name of the Limited Liability Company is: | ; | | | |
| JANIS N. DUNN, LLC | | | | |
| ARTICLE II - Address: The mailing address and street address of the p | rincipal office of the Limited Liabilit | y Comp | any is | 5 : |
| Principal Office Address: | Mailing Address: | | | |
| 104500 Overseas Hwy., Unit C-402 | 104500 Overseas Hwy., Unit C-402 | | | |
| Key Largo, Florida 33037 | Key Largo, Florida 33037 | | | |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the | | iature: | | |
| Janis N. Dunn Name | | | | |
| | | | | |
| 104500 Overseas Hwy., Unit | | | | |
| Florida street ad | idress (P.O. Box <u>NOT</u> acceptable) | | | |
| Key Largo, Florida 33037 | FI. | | | |
| City, State, | and Zip | | | |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg | this certificate, I hereby accept the app ty. I further agree to comply with the p erformance of my duties, and I am fam | oointmer provision iliar wit | nt as ns of c h ana | all |
| Registered Agent | | SECRETAINY COSTST | 2005 MAR -2 AM II: | |
| Page 1 of | 72 | | <i>∵</i> | |

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

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

| <u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member | Name and Address: |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| MGRM | Janis N. Dunn |
| | 104500 Overseas Hwy., Unit C-402 |
| | Key Largo, Florida 33037 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must | be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| Signature of a membe | r or an authorized representative of a member. |
| (In accordance with sec of this document consti- that the facts stated h | ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.) |
| Janis N. Dunn | |
| Ty | ped 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)

2005 HAR -2 AM II: 28
SECRETART OF STATE
FALLAHASSEE, FLORIDA