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(City/State/Zip/Phone #)

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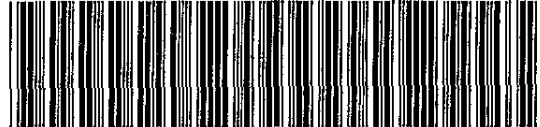
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Acknowledgement

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W. P. Verifier

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SW FLORIDA SUNRISE REALTY, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE R. DONNELLY

(Name of Person)

(Firm/Company)

11031 MILL CREEK WAY, #308

(Address)

FT. MYERS, FL 33913

(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE R. DONNELLY

(Name of Person)

at (239) 590-9971

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SW FLORIDA SUNRISE REALTY, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13211 MCGREGOR BLVD., SUITE 104
FORT MYERS, FL 33919

Mailing Address:

13211 MCGREGOR BLVD., SUITE 104
FORT MYERS, FL 33919

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

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

BRUCE R. DONNELLY

Name

11031 MILL CREEK WAY, #308

Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS, FL 33913

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

Name and Address:

"MGRM" = Managing Member

BRUCE R. DONNELLY

1321 MC GREGOR BLVD., SUITE 104

FORT MYERS, FL 33919

RICK M. BOSWELL

1321 MC GREGOR BLVD., SUITE 104

FORT MYERS, FL 33919

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

(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.)

SEE ATTACHMENT

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SIGNATURE ATTACHMENT

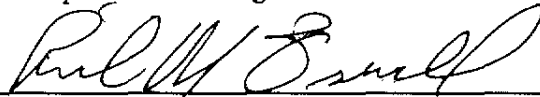
SW FLORIDA SUNRISE REALTY, L.L.C. - REQUIRED SIGNATURES:



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

BRUCE R. DONNELLY

Typed or printed name of signee



SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

RICK M. BOSWELL

Typed or printed name of signee

(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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA