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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

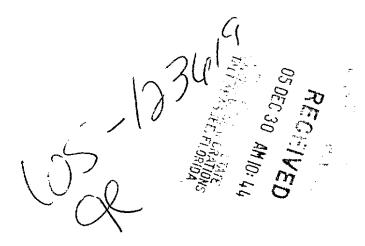


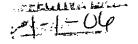
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12/30/05--01008--018 **135.00

2005 DEC 30 AM 10: 36
SECRETARY OF STATE
TALLAHASSEE, FLORID.





COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Ro	bert Sund (Name of Limited	ance Prope Liability Company)	rties, L	LC
The enclosed Articles of	Organization and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
_ Dia	ana K. t	tarrison Iame of Person)	<u> </u>	
Robe	rt Sundand	e Properties,	UC	
304	Patricia L	ane		
		(Address)		75F 285
Fort	Walton Bu	each FL 32	547	CASS PER
	(City/S	State and Zip Code)	•	30 SSE
For further information c	oncerning this matter, please ca	all:		DEC 30 AM 10: 36 RETARY OF STATE ANN SSEE, FLORID
Diana H	arrison	at (<u>850</u>) <u>864</u> (Area Code & Daytime Te	- 3 7/5	RIDA RIDA
(14anie 1	or reisony	(rica code & Dayime re		
Enclosed is a check for	r 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 Fill Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	īs	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert Sundance Properties, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

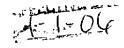
Principal Office Address:	Mailing Address:
304 Patricia Lane + Ft Walton Beach, FL 32547	Same as left
ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration. Name	ed Agent. You must designate an individual or another SHARE ASSET
	ess (P.O. Box NOT acceptable) Ach FL 32547 Id 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 (REQUIRED)

(CONTINUED)

Page 1 of 2



<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Diana Harrison 304 Patricia Lane Fort Walton Beach, FL 32547
•	
	SECRETA
(Use attachment if necessary)	SECRETARY OF STATE FLORID
TICLE V: Effective date, if other than the an effective date is listed, the date must or to or 90 days after the date of filing.)	date of filing: 1/1/06. (OPTIONAL) be specific and cannot be more than five business
REQUIRED SIGNATURE:	

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

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)

that the facts stated herein are true.)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Diana K. Harrison Typed or printed name of signee