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## **COVER LETTER**

Division of Cor			
SUBJECT: Sun	Quest Ho (Name of Limited	oliday Propertion	es, LLC
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	Linda Fi	Vame of Person)	<del> </del>
<del> </del>	(	Firm/Company)	<del></del> -
162	Cedarvieu	u Lane (Address)	
Water	liet, NY	12189 (State and Zip Code)	<del></del>
For further information of	concerning this matter, please	call:	
Linda /	of Person)	at (518) 485 (Area Code & Daytime To	- 8226 elephone Number)
Enclosed is a check for	r the following amount:		
∑ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	•
Sun Quest Holiday P Must end with the words "Limited Liability Company, Broited	company" or their abbreviation "LLC," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the prin	
Principal Office Address:	Mailing Address:
60 Woodland Spring Ct. Oriendo, FL 32828	+ same
ARTICLE III - Registered Agent, Registered ( (The Limited Liability Company cannot serve as its own Register, business entity with an active Florids registration.)	Office, & Registered Agent's Signature: ed Agent, You must designate an individual or another
The name and the Florida street address of the reg	pistered agent are:
Kimberly Co	impbell 2 2 2
713 Golfpo	ss (P.O. Box NOT acceptable)
CONTer Sin	
City, State, and	
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfe	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all further agree to comply with the provisions of all formance of my duties, and I am familiar with and tred agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Linda Fune	
	0	i i i i i i i i i i i i i i i i i i i
MGRM	Jenny Fung	
the state of the s		g en
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the date	of filing: (OPTIO	NAT)
if an effective date is listed, the date must be sp	ecific and cannot be more than five business	days prior
or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Linda	Frine	and the
Signature of a member or	an authorized representative of a member.	
(In accordance with section of this document constitute: that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)	
Linda	Fung or printed name of signee	·
	<del>-</del>	

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)