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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Co			
SUBJECT: CENT	TRAL FLORIDA S	UNBURST LLC.	
Bollollo I.		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	L HILL	Name of Person)	
	(Name of Person)	
CENTA	AL FLORIDA SUN	BURST LLC.	7s 2
			ECR III
POR	OX 4846		JAN RETA
	10110	(Address)	
Ocala	OX 4846 , FL. 34478 (City	?	
_ OCALA	(City	/State and Zip Code)	REAL TO
			0A 15
For further information	concerning this matter, please	call:	
DANIEL HI	LL	352 207-5	5460
DANIEL HI	of Person)	at (352) 207-5 (Area Code & Daytime T	elephone Number)
E 1 1 1 1 1 0	1.01		
	or 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)
	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	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
CENTRAL FLORIDA SUNBUR (Must end with the words "Limited Liability Company, "Limited Co	ST LLC.	ation "LLC," or "L		
ARTICLE II - Address: The mailing address and street address of the principal street.	pal office of the L	imited Liabilit	y Company is:	
Principal Office Address:	ailing Address:			
	?O. Box 48	46		
OCALA, FL. 34470 (DCALA, FL.	34478-4	1846	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Daniel E. Hill Name SECONDALA PLOTE ST. PLOTE PLOTE ST. PLOTE ST. PLOTE ST. PLOTE ST. PLOTE				
Having been named as registered agent and to accelliability company at the place designated in this cregistered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered.	certificate, I hereby further agree to co mance of my dutie:	o accept the app omply with the p s, and I am fam	pointment as provisions of all uiliar with and	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	DANIEL E. HILL RO. BOX 4846 OCALA, FL. 34478
	
•	SECRETARY 24
(Use attachment if necessary)	FF STAT LORU
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	C. Xill
(In accordance with section of this document constitute that the facts stated herein	•
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)