Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : NAMS

Account Number : 073313002424 Phone : (407)869-5766 Fax Number : (407)869-5207

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
HAY 17 PM L: 34
ECHETAS OF STATE

SomeBeach SunWare, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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6015000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|--|--|---------------------------------------|
| The name of the Limited Liability Compa | ny is: | |
| David Barriera III B | | |
| SomeBeach SunWare, LLC | | <u>-</u> |
| (Must end with the words "Limited Liability Company, | "Limited Company" or their abbreviation "LLC," or "L.C. | • <u>"</u>) |
| ARTICLE II - Address: | | |
| The mailing address and street address of | the principal office of the Limited Liability | Company is: |
| ~ | | |
| Principal Office Address: | Mailing Address: | |
| 8629 Swann Hollow Drive | | · · · · · · · · · · · · · · · · · · · |
| Tampa, FL 33647 | | |
| Tampa, FL 35047 | | , ' |
| | | • |
| | itered Office, & Registered Agent's Signal | |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) | n Registered Agent. You must designate an individual or ar | nother T |
| The name and the Florida street address of | f the registered agent are: | 震声 丁 |
| James A Tischler | | mo - m |
| | Name | |
| 0000 0 | al . | 25 & |
| 8629 Swann Hollow Di | | 플= |
| Florida str | eet address (P.O. Box <u>NOT</u> acceptable) | |
| Tampa | FL 33647 | |
| City, s | 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 (REQUIRED)

(CONTINUED)
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Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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\$125.90 Filing Fee for Articles of Organization and Designation