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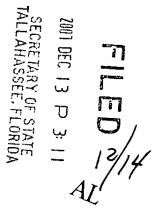
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration So Division of Cor						
SUBJECT: SUNS	HINE BAY GRO	DUP, LLC				
(Name of Limited Liability Company)						
The enclosed Articles of	Organization and fee(s) are	submitted for filin	g.			
	ondence concerning this matt		_			
MARIE S	_	•	,			
WARIE 3	· · · · · · · · · · · · · · · · · · ·	(Name of Person)				
 		(Firm/Company)				
2750 Buckhorn Oaks Drive ∄⊻				TAL	28	
		(Address)		LAH		
Valrico, F	L 33594			TAR		
-	(Cit	y/State and Zip Cod	e)	E. J	ם י	
For further information of	concerning this matter, please	e call:		STA	ű D	
		212	704 042	JE A		
MARIE SHINI (Name	of Person)	at (813 (Area Coo	784-043 le & Daytime Telep			
	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		Status &		
	Mailing Address Registration Section	Registrat	ourier Address ion Section			
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
SUNSHINE BAY GROUP, LLC (Must end with the words "Limited Liabili	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2750 Buckhorn Oaks Drive Valrico, FL 33594	2750 Buckhorn Oaks Drive ASS ASS ASS ASS ASS ASS ASS ASS ASS AS
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration	ered Agent. You must designate an individual or another
MARIE SHINE Name	
2750 Buckhorn Oa	ress (P.O. Box NOT acceptable)
Valrico City, State, as	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and stered 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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	MARIE SHINE
<u>.</u>	2750 Buckhorn Oaks Drive
<u>.</u>	Valrico, FL 33594
-	· · · · · · · · · · · · · · · · · · ·
-	
	
	7. S.E. 200
(Use attachment if necessary)	TOEC AHASS
ARTICLE V: Effective date, if other than the date	
(If an effective date is listed, the date must be spec	cific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	

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 that the facts stated herein are true.)

MARIE SHINE

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)