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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

FEB 17 2009

From: Please fax back to: Michael Neukamm (407-244-5690)

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

EXAMINER

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SunnyRidge Michigan, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

SunnyRidge Michigan, LLC

ARTICLE II
Address

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

1900 5th Street NW
Winter Haven, FL 33881

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Lucius M. Dyal, Jr.	1900 5 th Street, NW Winter Haven, FL 33881
Keith D. Mixon	1900 5 th Street, NW Winter Haven, FL 33881

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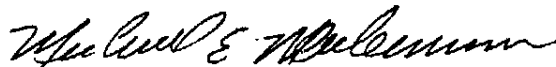
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ARTICLE V**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm
c/o GrayRobinson, P.A.
301 East Pine Street, Suite 1400
Orlando, Florida 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.

**REGISTERED AGENT'S SIGNATURE**

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**AUTHORIZED REPRESENTATIVE'S SIGNATURE****Michael E. Neukamm, AUTHORIZED REPRESENTATIVE**

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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