LIIDOOUA233

(Davidada Nava)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(1.1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SEORETARY OF STATE TABLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
_{SUBJECT:} Sundancer	Gaming LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Organizati	on and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Donald E Loud	len
	Name of Person
Sundancer Ga	ming LLC
	Firm/Company
2837 SW 47th	Terrace
	Address
Cape Coral FL 339	14-6030
	City/State and Zip Code
donaldlouden@ao	.COM
For further information concerning	•
ror turner information concerning	ins matter, please can:
Donald Louden	at (717) 512-3246
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follo	ving amount:
\$125.00 Filing Fee \$130.00 Certific	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, ate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	on Section Registration Section . of Corporations Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sundancer Gaming LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2837 SW 47th Terrace

Cape Coral, FL 33914-6030

2837 SW 47th Terrace Cape Coral, FL 33914-6030

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:

Donald E Louden

Name

2837 SW 47 Terrace

Florida street address (P.O. Box NOT acceptable)

Cape Coral

FL 33914-6030
City, 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 (REOUIRED)

(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:

GR	Donald E Louden	,
	2837 SW 47th Terrace	_
	Cape Coral, FL 33914-6030	_
		_
		_
·		_
		_
se attachment if necessary)		

ARTIC (If an ef rior 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), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Donald E Louden

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)