L11000081377

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
. JUL 27 2011				
EXAMINER				

Office Use Only



100210074211

07/25/11--01022--001 **130.00



** COVER LETTER

Registration Section Division of Corporations

TO:

をいっ たける とうしゅうしゅう

SUBJECT: SUN STATE SAILING LLC.					
Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
CRAIG MARCH					
Name of Person					
Firm/Company					
27950 RIVERWALK WAY					
Address					
BONITA SPRINGS , FLORIDA , 34134					
City/State and Zip Code MRMARCH@AOL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CRAIG MARCH at (734) 223-3355					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status \$\sum \text{Certified Copy} (additional copy is enclosed)}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CI	IF 1	r _ '	Na	ma
AKI	IX . I .	. P	-	N/A	HILL:

The name of the Limited Liability Company is:

SUN STATE SAILING 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:
27950 RIVERWALK WAY	27950 RIVERWALK WAY
BONITA SPRINGS , FL 34134	BONITA SPRINGS, FL 34134

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:

CRAIG MARCH

Name

27950 RIVERWALK WAY

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

BONITA SPRINGS , FL , 34134

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 (REQUIRED)

(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:

<u>Title:</u>	Name and Address:				
"MGR" = Manager "MGRM" = Managing Memb	oer .				
MGR	CRAIG MARCH				
	27950 RIVERWALK WAY				
	BONITA SPRINGS , FL 34134				
MGRM	KAREN SLADEWSKI				
	9084 CYPRESS DR N.				
	FT MYERS , FL 33967				
(Use attachment if necessary)					
•					
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)				
	must be specific and cannot be more than five business days prior				
to or 90 days after the date of filing.)	A				
	/				
REQUIRED SIGNATURE:	. //				
RECOINED SIGNATURE.					
Signature of	a member or an authorized representative of a member.				
(In accordance with se	ection 608.408(3), Florida Statutes, the execution of this document				

(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. 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.)

CRAIG MARCH

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)