L11000106122

.	(Re	equestor's Name)	
	(Ad	ldress)	
и	(Ad	ldress)	
	(Cit	ty/State/Zip/Phon	e #)
PICK	-UP	☐ WAIT	MAIL.
	(Bu	ısiness Entity Naı	me)
	(Do	ocument Number)	
Certified Copies _	 	Certificates	s of Status
Special Instruction	ons to	Filing Officer:	

Office Use Only

B. KOHR

SEP 1 6 2011

EXAMINER



000211670930

09/14/11--01014--019 **125.00

11 SEP 14 AM 9: 54

FILED
SECRETARY OF STATE
SIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Sunshine State Property Holdings of Marco, 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: Christopher A. Roche, Esquire Name of Person
Please return all correspondence concerning this matter to the following:
Christopher A. Roche, Esquire Name of Person
Law Office of Christopher A. Roche
Firm/Company
229 N. Collier Boulevard
Address
Marco Island, FL 34145 City/State and Zip Code
·
croche@marcocable.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher A. Roche, Esquire at (239) 389-0700 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$ \$155.00 Filing Fee & \$\ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
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 State Property Holdings of Marco, 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:	
8150 Twin Lake Drive	8150 Twin Lake Drive	
Boca Raton, FL 33496	Boca Raton, FL 33496	

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:

Christopher A.	Roche, Esquire		
	Name		
229 N. Collier	Boulevard		
Florida street address (P.O. Box NOT acceptable)			
Marco Island	FL 34145		
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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Carl F. Tudor, Jr.
	8150 Twin Lake Drive Boca Raton, FL 33496
,	BOCA RALON, FL 33496
	
(Use attachment if necessary)	
VOLEN, DOS.A. A. C. A. A.	d L. CCP.
n effective date is listed, the date m	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days price
r 90 days after the date of filing.)	,
ŭ,	
<u>REQUIRED</u> 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. 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.)

Christopher A. Roche, Esquire
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)