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(Requestor's Name)		
(Address)		
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

-	stration Section sion of Corporations	
SUBJECT:	Sun Equities Manager	ment, LLC
		ted Liability Company
The enclosed A	Articles of Organization and fee(s) are	submitted for filing.
Please return a	all correspondence concerning this mat	tter to the following:
Trac	cy A. Ball	
<u> </u>		Name of Person
Sun	Equities Managemen	nt, LLC
		Firm/Company
510	Arapaho Trail	
		Address
Maitla	and, Florida 32751	
-		ty/State and Zip Code
tracy	@sunequities.com	
	E-mail address: (to be used	for future annual report notification)
For further info	ormation concerning this matter, pleas	ee call:
Tracy A. E	Ball	at (407) 923-2464
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 Compan	y is:			
Sun Equities Management, 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	ne principal office of the Limite	d Liability Co	ompar	ıy is
Principal Office Address:	Mailing Address:			
510 Arapaho Trail Maitland, Florida 32751	510 Arapaho Trail Maitland, FL 32751			
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)				
The name and the Florida street address of	the registered agent are:			
Lightsey & Associate	es, P.A Alton Lightsey			
	ame			
2105 Park Ave				
	et address (P.O. Box NOT acceptable)		
Winter Park	FL 32789			
Cit	y, State, and Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	l in this certificate, I hereby acce acity. I further agree to comply te performance of my duties, and	pt the appoint with the provi I am familiar	ment disions of with d	as of al and
Registered Agent's S	gnature (REQUIRED)	SECAFTA	12 MAR	i - Lorent Li
(CONT	TINUED)	33.54 25.54 26.04 26.04	16 P	12 12 12 12 12 12 12 12 12 12 12 12 12 1
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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 Member	•
Managing Member	Tracy A. Ball
	510 Arapaho Trail
	Maitland, FL 32751
Managing Member	Stephen P. Ball
	510 Arapaho Trail
	Maitland, FL 32751
(Use attachment if necessary)	
•	
CLE V: Effective date, if other tha	an the date of filing: (OPTIONAL)
effective date is listed, the date m O days after the date of filing.)	ust be specific and cannot be more than five business days pric
o days after the date of filing.	
REQUIRED SIGNATURE:	
Daux	Hall
Signature of a m	nember or an authorized representative of a member.
	(A) (A) (B) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T

(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.)

Tracy A. Ball

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)