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C. LEWIS

SEP -4 2012

**EXAMINER** 

# **COVER:LETTER**

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TO: Registration Section Division of Corporations	F.V.			
SUBJECT: SUASET IS & Ruy - Name of Limite	t yacht LCC ed Liability Company			
The enclosed Articles of Organization and fee(s) are	submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Richard C. Turner	Name of Person			
Sunset Isla RV + 9	Pach+ LLC Firm/Company			
260 Timber Island	Address			
Carrabelle, FL 32322 City/State and Zin Code				
Carrabelle, FL 32372  City/State and Zip Code  Charlotte & Scacrestre. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	e call:			
Richard CTurner Name of Person	at ( ZZ9 ) 977 - OOO \( \) Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 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	Street/Courier Address Registration Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunset Islz Rut yackt Each LC

(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:
260 Timber Island Rd	PO 66
Corrabille F1 32322	Corrabelle F132322

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:

Richard C. Turner

Name

260 Timber Island Rd

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

Carrabelle

City, State, and Zip

Having been named as registered agent and to accept service of process for the above state dimited 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSEE, FLOR
MGRM	Richard C. Tu P.O 66 Carrobelle Pl	PAZZ
MGR	Steven P. Mon PO 66 Corrabelle Fl	32322 32322
	· .	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the last of the date is listed, the date must to or 90 days after the date of filing.)	ne date of filing: be specific and cannot be more tha	(OPTIONAL) in five business days prior
REQUIRED 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.)

Richard C. Turner
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)