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SECRETARY OF STATE
TALLAHASSEE, ELORIDA

B. BOSTICK OCT 1 6 2012

EXAMINER

COVER LETTER

	ation Section a of Corporations					
SURJECT: AI	ntiguan Sun, LLC.					
Sebsect.		ted Liability Company	<i>I</i>			
The enclosed Art	icles of Organization and fee(s) are	submitted for filing.				
	correspondence concerning this mat	-				
	_	J				
<u> Ruth</u>	ledge Crump	Name of Person				
		Firm/Company				
E066	Great Earst Drive					
2000	Great Egret Drive	Address				
		11541555			₹ <u>.</u>	
Sanfo	rd, FL 32773				20	at the second
ruthloc		ty/State and Zip Code			AH. CI	***
rumec	Igecrump@att.net E-mail address: (to be used	for future annual report	notification)	. <u></u>	9 	- £
For further inform	nation concerning this matter, pleas	e call:			AH II: 32	
					103	
Ruthledge		_ ai (385-2710			3
	Name of Person	Area Code &	Daytime Tele	phone Number		
Enclosed is a ch	eck for the following amount:					
\$125.00 Filing Fo	ee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy is	-	\$160.00 Fili Certificate of Certified Co (additional cop	of Status & opy	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Buil	Corporations ding tive Center O	s		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the	Limited Liability Con	npany is:					
Antiguan	Sun, LLC.						
	Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - A		of the principal office of the Limited Liab	oility Company is:				
Principal Office Address:		Mailing Address:	Mailing Address:				
5866 Great Egret Drive		5866 Great Egret Drive Sanford, FL 32773					
Sanford, FL 32	113						
•	an active Florida registration.) e Florida street addres Ruthledge Cru	ss of the registered agent are:	12 IALL				
		Name					
	5866 Grea	t Egret Drive	TIL CU 12 OCT 15 AH II SLURGJARY OF S				
		a street address (P.O. Box NOT acceptable)					
	Sanford	_{FL} 32773	F. F. COME				
		City, State, and Zip	35 H				
liability com registered agent statutes relatin	pany at the place desig t and agree to act in thi ig to the proper and coi	nt and to accept service of process for the ab nated in this certificate, I hereby accept the is capacity. I further agree to comply with th mplete performance of my duties, and I am j	bove stated limited appointment as he provisions of all familiar with and				
accept the or	bligations of my positio	on as registered agent as provided for in Cha	apter 608, F.S				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGRM	Ruthledge Crump	
	5866 Great Egret Drive	
	Sanford, FL 32773	
MGRM	Dionne Blissett-Crump	
	5866 Great Egret Drive	
	Sanford, FL 32773	
		FS K
		12 U
	 	
		- ////////////////////////////////////
		TO NO
		07
		En.
(Use attachment if necessary)		. > '
LE V: Effective date, if other than the	ne date of filing:	(OPTIONAL

REQUIRED SIGNATURE:

Signature of a member of 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.)

Ruthledge Crump

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)