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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name

: HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN, P.A. Account Number : 070651000745

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.

MICNIC MN Family Resort, LLC

Certificate of Status	0
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EXAMINER

From: HKG Main Fax

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: MICNIC MN FAMILY RESORT, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

4916 Caney Ct. Port Richey, FL 34668

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE The name and the Florida street address of the registered agent are: Tina M. Strobbe 4916 Caney Ct. Port Richey, FL 34668

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.

INA M. STROBBE, Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

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ARTICLE V - MANAGERS

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

Title:

Name and Address:

Manager

Tina M. Strobbe 4916 Cancy Ct. Port Richey, FL 34668

Manager

Steven M. Strobbe 4916 Caney Ct. Port Richey, FL 34668

TINA M. STROBBE, Manager

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.

TINA M, STROBBE
Typed or printed name of signee

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SLLAHASSEE, FLORIDA