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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunset Destinations Gulf Breeze,  
Name of Limited Liability Company  
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:

Venetia Vassiliades  
Name of Person

109 Shoreline Dr.  
Address

Gulf Breeze, FL 32561  
City/State and Zip Code

vgvassi@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Venetia Vassiliades at 404 290-9984  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 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  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Counter Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DATE 07-13-2013 BY 60322 UCBAW

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunset Destinations Gulf Breeze, 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:**

109 Shoreline Dr  
Gulf Breeze, FL 32561

109 Shoreline Dr.  
Gulf Breeze, FL 32561

**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:

Venetia Vassiliades  
Name

109 Shoreline Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Gulf Breeze FL 32561  
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 60S, F.S.,*

Venetia Vassiliades  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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13 JUL 13 14:12:39  
ALABAMA SECRETARY OF REVENUE

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Venetia Vassiliades  
109 Shoreline Dr  
Gulf Breeze, FL 32561

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/14/13 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Venetia G. Vassiliades  
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.)

Venetia G. Vassiliades  
Typed or printed name of signer

**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)