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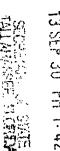
TRACY HammiL (Requestor's Name)
335/ NW 85th Ave \$317
(Address)
CORAL SPRINGS FLORIDA 3.3065 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/01/13--01001--001 **160.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNNY GET AWAYS ENTERPRISES, LCC.

(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:

3351 NW 85th Ave 317 Cheal Speings, FLA 33065 **Mailing Address:**

3.351 NW 85th Ave 3/7 CDEAL SPEINGS, FLOREDA 33065

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:

TRACY HAMMIC

3351 NW 85th Ave 317

COEAL Speings FL 33065

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 608, F.S..

(CONTINUED)

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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	TRACY HAMMIN 3351 NW 85th AVE 317 CORAL SPRINGS FLORIDA 33065	
MGRM	JEFF MOFFET Z718 LINWOOD DELVE SARASOTA, FLORIDA 34232	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: 10/01/2013. (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:		
Signature of a promber o	r an authorized representative of a member.	
constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document? e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State	
TRACY	Hammic for 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)