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2013 OCT 23 AH IO: 38
SECRETARY OF STATE

OCT 2 4 2013

T. ILLEANON

COVER LETTER

TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 10/21/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

SRAC FLORIDA 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:
124 N Nova Rd # 125	124 N Nova Rd # 125
Ormand Beach Fc 32174	Ormand Beach FL 32174

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

The name and the Florida street address of the registered agent are:

Kimberly B. Bell
Name

124 N Nova Rd #125

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

O mond Beachel 32174

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kimberly BBd1 124 N Nova RJ #125 Ormand Beach FC 32174
MGRM	Eric P Bell 124 N Nova Rd #125 Ormand Beach FL 32174
MGRM	Kimberly Bell (ustodian For Rebecci 124 N Nova Rd #125 Br Ormand Beach FL 32174
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must b prior to or 90 days after the date of filing.)	ate of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
REQUIRED SIGNATURE:	
Kimlenti	R. Roll
Signature of a member of	r an authorized representative of a member.
constitutes an affirmation under the I am aware that any false informati constitutes a third degree felony as	108(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State provided for in s.817.155, F.S.) 10 B B C
Filing Fees:	1 23 IAIC
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Optional)	⊒ ₩ 38