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COVER LETTER

	Registration : Division of C			
SUBJEC	CT: <u>Sunland</u>	Holding LLC Name of Lin	nited Liability Company	
The encl	osed Articles o	of Organization and fee(s) ar	re submitted for filing.	
Please re	turn all corres	pondence concerning this m	atter to the following:	
	Justin Bu	ocilli		
			Name of Person	
			Firm/Company	
	1029 Lark	spur Loop		
			Address	
	St. Johns		City/State and Zip Code	
.just	in_buccilli@y	rahoo com	d for future annual report notifica	ution)
For furth	er information	concerning this matter, plea	ase call:	
Justin E	Buccilli Nam	at ()	248) 890-9252 Area Code Daytime Te	lephone Number
Enclosed	l 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/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2014

JUSTIN BUCCILLI 1029 LAKESPUR LOOP ST JOHNS, FL 32259

SUBJECT: SUNLAND HOLDING LLC

Ref. Number: W14000039275

We have received your document for SUNLAND HOLDING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II
Registration Section

Letter Number: 814A00013647

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:					
-Sunland Holding LLC-	SUNLAND					
(Must end	with the words "Limited I	iability Company, "L.L.	.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	ice of the Limited Liabil	ity Company is:			
Principal Office Address:		Mailing Address:				
1376 S. Fruit Cove Rd St. Johns FL 32259	_	1376 S. Fruit Cove F St. Johns FL 32259				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Ractive Florida registration.	egistered Agent. You mi		dividual	or —	
	Ť	B***** ## 0.			Same Same	и (j
Justin E	Buccilli Name			in Designation	∭ −8	ایه ادر ادره این ← سویه د
	rkspur Loop			ξι 174. σ	-773	- 44.5
Florida	street address (P.O. Box I	NOT acceptable)				. 1
St. John	าร	FL 32259			-	t min
	City	Zip			៏ភា	
Ilaving been named as registere the place designated in this co capacity. I further agree to con of my duties, and I am familia	ertificate, I hereby accept i nply with the provisions of r with and accept the oblig	the appointment as regists all statutes relating to the cations of my position as the 605, F.S	ered agent and agi e proper and comp	ree to act lete perf	in thi Cormar	is nce

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Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Justin Buccilli
	1029 Larkspur Loop
	St. Johns FL 32259
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