## W14 00 0197099

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
,	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del> -
, ,	
(Document Number)	
,	
. Certified Copies Certificates of Stat	ามร
Special Instructions to Filing Officer:	

Office Use Only



200267232522

12/17/14--01009--007 \*\*125.00

TALLAHASSEF FLOOR

J. Shivers DEC 1 9 2014

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUN FUNDING LLC  Name of 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:	
JOAN CAMPBELL	
Name of Person	
SUN FUNDING LLC	
Firm/Company	
PO BOX 471044	
Address	
LAKE MONROE, FL 32747	
City/State and Zip Code	
ioancfl@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joan Campbell at (321 ) 363-7848  Name of Person Area Code Daytime Telephone Number	
And of Fording Photo Code Dayline Persphone Number	
Enclosed is a check for the following amount:	
\$\sum_{\text{solo}}\$ \text{Filing Fee} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (additional copy is e	17
(additional copy is enclosed	.,
Mailing Address Registration Section  Street/Courier Address Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
SUN FUNDING LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
4501 Richard Allen St (No Postal Deliveries) Sanford, FL 32771	PO Box 471044 Lake Monroe, FL 32747	<del></del>
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration The name and the Florida street address of the registered a	Registered Agent. You must designat	e an individual or
The name and the Profited Succession the registered a	igent are:	
Altamese Martin		
Name		
121 Yale Drive Florida street address (P.O. Box)	NOT acceptable)	
	· · · · · · · · · · · · · · · · · · ·	
<u>Sanford</u> City	FL 32771 Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the complete the	the appointment as registered agent a fall statutes relating to the proper an	and agree to act in this d complete performance
Registered Agent's Signatu		14 DEC 17 SECRETARY TALLAHASS
(CONTINUE	D)	32 2 33
Page 1 of 2		7 AM

"AMBR" = Manager  AMBR  Joan Campbell PO Box 471044 Lake Monroe, FL 32747  AMBR  Recinal Campbell PO Box 471044 Lake Monroe, FL 32747  AMBR  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: 01/02/2015 [The certive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any. Post Office, there is not mail delivery to the physical address, must utilize post office box.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Statutes at third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	Title:	Name and Address:
AMBR    Solution   Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)    Joan Campbell   Typed or printed name of signee   Filling Fees:   St25.00 Filling Fees for Articles of Organization and Designation of Registered Agent   Filling Fees:   Filling Fee	"AMBR" = Authorized Member	
AMBR  Reginald Campbell PO Box 471044 Lake Monroe, FL 32747  Reginald Campbell PO Box 471044 Lake Monroe, FL 32747  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: 01/02/2015 [Sective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any. Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  I am aware that any false information submitted in a document to the Department of Brate constitutes an affirmation under the penalties of perjury that the facts stated herein arc, true. I am aware that any false information submitted in a document to the Department of Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent		
Lake Monroe, FL 32747  Reginald Camobell PO Box 471044 Lake Monroe, FL 32747  (Use attachment if necessary)  E V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  E VI: Other provisions, if any. Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an aythorized representative of a member. (In accordance with section 605.0203 (1) (b), Floriad 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 Black constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Camobell  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMBR	
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  E. VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein arcutrue. I am aware that any false information submitted in a document to the Department of Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  receive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an abthorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalities of perjury that the facts stated herein arectrue. I am aware that any false information submitted in a document to the Department of Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  STARY OF STARY O		Lake Monroe, FL 32747
(Use attachment if necessary)  Lev: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  [ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  Lev: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  [ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  Lev: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  [Evi: Other provisions, if any.  Post Office, there is not mail delivery to the ohysical address, must utilize post office box.  [In accordance with section 605.0203 (1) (b), 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 Fliate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMBR	Reginald Campbell
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  E. VI: Other provisions, if any. Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein arctirue. I am aware that any false information submitted in a document to the Department of Biate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SECONDALIONALIONALIONALIONALIONALIONALIONALION		PO Box 471044
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Lake Monroe, FL 32747
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
LE V: Effective date, if other than the date of filing: 01/02/2015 (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivery to the physical address, must utilize post office box.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  SSET  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
RECUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must	e date of filing: <u>01/02/2015</u> . (OPTIONAL)  be specific and cannot be more than five business days prior to or 90
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Btate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	JE V: Effective date, if other than the fective date is listed, the date must of filing.)  JE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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 Btate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	JE V: Effective date, if other than the fective date is listed, the date must of filing.)  JE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
(In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	JE V: Effective date, if other than the fective date is listed, the date must of filing.)  JE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
(In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  EVI: Other provisions, if any.  Post Office, there is not mail deli	be specific and cannot be more than five business days prior to or 90
(In accordance with section 605.0203 (1) (b), 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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  EVI: Other provisions, if any.  Post Office, there is not mail deli	be specific and cannot be more than five business days prior to or 90
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 Brate constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail deli  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 ivery to the physical address, must utilize post office box.
constitutes a third degree felony as provided for in s.817.155, F.S.)  Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail deli  REQUIRED SIGNATURE:  Signature of (In accordance with section)	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  Ton 605.0203 (1) (b), Florida Statutes, the execution of this document
Joan Campbell  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail deli  REQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation)	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  Ton 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
Typed or printed name of signee  Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail deli  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  Ton 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.  The information submitted in a document to the Department of Brate.
Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail deli  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  Ton 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.  The information submitted in a document to the Department of Btate in felony as provided for in s.817.155, F.S.)
Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivation of the ective of the ectivation of the ectivat	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  In a member of an authorized representative of this document in under the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of Brate information submitted in s.817.155, F.S.)
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivation of the ective of the ectivation of the ectivat	Ta member or an authorized representative of a member.  Son 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.  Sinformation submitted in a document to the Department of Btate in formation submitted in a document to the Department of Btate in felony as provided for in s.817.155, F.S.)
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivation of the ective of the ectivation of the ectivat	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  In under the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of State  Information submitted in a submitte
\$ 30.00 Certified Copy (Optional)	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail delivation of the ective of the ectivation of the ectivat	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  In a member of an authorized representative of this document of the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
	EV: Effective date, if other than the ective date is listed, the date must of filing.)  LE VI: Other provisions, if any.  Post Office, there is not mail deli  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Joan Camil	ivery to the physical address, must utilize post office box.  Ta member or an authorized representative of a member.  Ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of Btate of Felony as provided for in s.817.155, F.S.)  Typed or printed name of signee

ARTICLE IV-