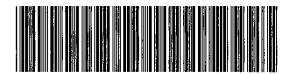
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	-
		

Office Use Only



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SECRETARY OF STATE

15 JUN -8 PM 1:



COVER LETTER

	Registration S Division of Co					•		
SUBJEC	G D M S	un Properties LLC		:				
SUBJEC		Name of I	Limited Liabili	ty Company				
						1		
The enclo	osed Articles o	f Organization and fee(s)	are submitted	for filing.		,		
Please re	turn all corresp	condence concerning this	matter to the f	ollowing:	•			
	Debra A. N	f arx		42 A		:		i i
		,,_, ;	Name of	Person	· ·			
				∂_{ξ}	÷	:		
			Firm/Co	mpany				
	3903 5th A	venue N. E.						
			Addr	ess				
	Bradenton,	Florida 34208						
			City/State and	d Zip Code				
	greg@gamc	oproperties.com						
		E-mail address: (to be us	sed for future a	nnual report notificat	ion)			
or further	information c	oncerning this matter, ple	ase call:					
	Debra A. M		314	495-0864				
	Nai	me of Person	Area Code	Daytime Telephon	e Number			
Enclosed	is a check for	the following amount:		:			•	!
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy ed Copy el copy is enclosed)	Certifi Certifi	0 Filing F cate of Sta ed Copy al copy is	atus &	<u>d)</u>
	Regis Divis P.O. I	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle	• •		



AKTICLESOF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY	1
ARTICLE I - Name: The name of the Limited Liability Company is:	e	15 JUN -8 PM 1:43
		SECRETARY OF STATE
GDM Sun Properties LLC		SECRETARY OF STATE TALLAHASSEE FLORIDA
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of Principal Office Address:	of the Limited Liability Company is: Mailing Addre	<u> </u>
3903 5th Avenue N.E.	3903 5th Avenue N.E/	
Bradenton, FL 34208	Bradenton, FL 34208	
	Diadenton, FL 34206	<u> </u>
	Bradenion, FL 34208	<u> </u>
	Biadenton, FL 34206	

(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: Debra A. Marx Name 3903 5th Avenue N.E. Florida street address (P.O. Box NOT acceptable) 34208 Bradenton Florida Zip City State

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 605, F.S..

Page 1 of 2



Title:	Name and Address:	TALL AHASS	Y OF SAA FE FLOOR
"AMBR" = Authorized Member		FFT Took	ported (.
"MGR" = Manager		i i	
AMBR	Debra A. Marx		,
	3903 5th Avenue N.E.		
	Bradenton, FL 34208		
AMBR	Gregory A. Marx		
	3903 5th Avenue N.E.		
	Bradenton, FL 34208		
	:	:	
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(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be specifiling.)	of filing:ecific and cannot be more than five bu	. (OPTIONAl	
EV: Effective date, if other than the date	ecific and cannot be more than five but neet the applicable statutory filing requ	isiness days prior t	o or 90 da
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E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with sectionstitutes an affirmation I am aware that any false	ecific and cannot be more than five but neet the applicable statutory filing requ	irements, this date re of a member. the execution of this facts stated herein to the Department of	o or 90 da will not be
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E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree	ecific and cannot be more than five be neet the applicable statutory filing required of State's records. A Mac ember or an authorized representative ion 605.0203 (1) (b), Florida Statutes, in under the penalties of perjury that the enformation submitted in a document	irements, this date re of a member. the execution of this facts stated herein to the Department of	o or 90 da will not be