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COVER LETTER

	tegistration Section bivision of Corporations
SUBJECT	SD BAYSIDE, LLC.
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	CRYSTAL LOOMIS
	Name of Person
	CRYSTAL LOOMIS ACCOUNTING, INC.
	Firm/Company
	2414 SE 23RD PL.
	Address
	OCALA, FL. 34471
	City/State and Zip Code CLOOMIS@SUNKOOLAC.COM
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	CRYSTAL LOOMIS 352 208-2588 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	iling Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}} \text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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SD BAYSIDE, LLC.	SECRETARY OF BEAT
SD BAYSIDE, LLC. (Must end with the words "Limited Liability Company, "L.L.C.	.," or "LLC.") TALLAHASSEE, FI ORID

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4716 SW 62ND ST	4716 SW 62ND ST
OCALA, FL. 34474	OCALA, FL. 34474

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:

JASON KEEGAN		
	Name	
4716 SW 62ND ST		
Florida street addres	ss (P.O. Box NOT acc	ceptable)
OCALA	FL	34474
City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

		Name and Address:	16 FEB - 1 PM 3:
"AMBR" = Authorized	Member		
"MGR" = Manager			SECRETARY OF STA
MGR	_	JASON KEEGAN	SECRETARY OF STA JALLAHASSEE FLOR
		4716 SW 62ND ST	.
		OCALA, FL. 34474	
MGR		STEPHEN DIMURO	
	•	31-22 231 ST	-
		BAYSIDE, NY. 11364	The second secon
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ARTICLE IV-

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