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(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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SECRETARY OF STATE

APR 1 2016 S. PRATHER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	SUNNY FLORIDA HOLDINGS, LLC.
SOBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	JOHN TODD
	Name of Person
	Firm/Company
	2825 Winkler Avenue
	Address
	Fort Myers, Florida 33916
	City/State and Zip Code
	jt@sunsetclubproperties.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	JOHN TODD 239 362-5020 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\sqrt{\text{S130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{Certified Copy}\$ (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SUNNY FLORID	A HOLDINGS, LL	.C.	至品
(Must end v	with the words "Limited Liab			<u> </u>
ARTICLE II - Address: The mailing address and street ad	ldress of the principal office	of the Limited Liab	oility Company is:	ASSET OF
<u>Principa</u>	al Office Address:		Mailing Address:	HOH HOH
2825 Winkler Avenue	e	2825 Wi	nkler Avenue	2 2
Fort Myers, FL. 339)16		ers, FL. 33916	
·	JOI	IN TODD		or
•	address of the registered age	IN TODD		
•	JOI Na	IN TODD	······································	
•	JOI Na	HN TODD me Vinkler Avenue	table)	
•	JOF Na 2825 V	HN TODD me Vinkler Avenue	table)	
The name and the Florida street a	JOH Na 2825 V Florida street address (P. of Earth Myers, City	HN TODD me Winkler Avenue O. Box NOT accep Florida State	33916 Zip	

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JOHN TODD
	2825 Winkler Avenue
	Fort Myers, Florida 33916
	WARRIED TO THE TOTAL STATE OF TH
	<u> </u>
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an ate of filing.) If the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 days at applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.) If the date inserted in this block does not meet the occument's effective date on the Department of State	and cannot be more than five business days prior to or 90 days at applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will not be listed is records.
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false informs.	and cannot be more than five business days prior to or 90 days at applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the date of filing a effective date is listed, the date must be specific an ate of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in ac I am aware that any false informs.	applicable statutory filing requirements, this date will not be listed as records. The analysis of a member and authorized representative of a member and authorized representative of a member at the coordance with section 605.0203 (1) (b), Florida Statutes, at ion submitted in a document to the Department of State

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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