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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAZY DAY PROPERTY MANAGEMENT, 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:

MYRA S. HENDERSON

Name of Person

FARMER, PRICE, HORNSBY & WEATHERFORD, LLP

Firm/Company

POST OFFICE DRAWER 2228

Address

DOTHAN, ALABAMA 36302

City/State and Zip Code

SAMTRUSS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRA S. HENDERSON 334 793-2424
Name of Person Area Code Daytime Telephone Number

Enclosed 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
LAZY DAY PROPERTY MANAGEMENT, LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes (the "Act"), the undersigned hereby adopts the following Limited Liability Company Articles of Organization.

ARTICLE I
Name

The name of the Limited Liability Company is **LAZY DAY PROPERTY MANAGEMENT, LLC** (the "Company").

ARTICLE II
Address

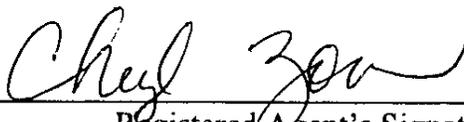
The mailing address and street address of the principal office of the Company is **2566 Kidd Road, Defuniak Springs, Florida 32433**.

ARTICLE III
Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Cheryl Zorn
2566 Kidd Road
Defuniak Springs, Florida 32433**

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)

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ARTICLE IV
Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address
MGR	Cheryl Zorn 2566 Kidd Road Defuniak Springs, Florida 32433
MGR	Patrick Zorn 2566 Kidd Road Defuniak Springs, Florida 32433

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TALLAHASSEE FLORIDA

ARTICLE V
Effective Date

Effective Date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

ARTICLE VI
Other Provisions

Other provisions, if any: _____

REQUIRED SIGNATURES:



Cheryl Zorn



Patrick Zorn

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. We are aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817,155,F.S.

PREPARED BY:

Edward M. Price, Jr., Esquire
FARMER, PRICE, HORNSBY & WEATHERFORD, L.L.P.
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Dothan, AL 36302
334/793-2424
FLORIDA BAR NUMBER: 207551