

116000100628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

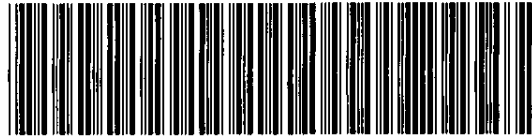
(Business Entity Name)

(Document Number)

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16 MAY 25 PM 1:02  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
NOTATION  
16 AUGUST 2016  
SUFFICIENCY OF FILING

MAY 25 2016

T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SUNGARDEN FUND MANAGEMENT, LLC

Signature \_\_\_\_\_

Requested by: BA

5/24/16

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ ✓ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ ✓ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**FOR**  
**SUNGARDEN FUND MANAGEMENT, LLC,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The name of the Limited Liability Company is:

**SUNGARDEN FUND MANAGEMENT, LLC, A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE II**

The mailing address and street address of the principal office of the limited liability company is:

**1675 Market Street, #211**  
**Weston, Florida 33326**

**ARTICLE III**

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

**Robert A. Isbitts**  
**1675 Market Street, #211**  
**Weston, Florida 33326**

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 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, FS..

  
**Robert A. Isbitts**

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**Article IV**

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

Robert A. Isbitts      AMBR  
1675 Market Street, #211  
Weston, Florida 33326

Vincent M. Esposito      AMBR  
88 Broad Street  
Guilford, Connecticut 06437

**Article V**

The company is a member-managed limited liability company.

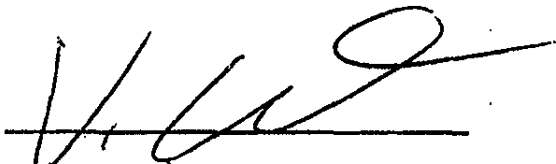
**Article VI**

Effective date, is the date of filing.

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Signature of Authorization member of Limited liability Company:

(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 State constitutes a third degree felony as provided for in 817.155, Florida Statutes.)

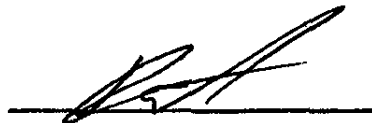


Vincent M. Esposito, Member

88 Broad Street

Guilford, Connecticut 06437

Dated: 5/24/16



Robert A. Isbitts, Member

1675 Market Street, #211

Weston, Florida 33326

Dated: 5/24/16