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## $SUNSHINE \ {\tt corporate \ filing \ of \ florida \ inc.}$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

| Date: 6/8/16  |
|---|
| ENTITY NAME:  |
| CHARLOTTE ORCHID HOMES, LLC   |
| **PLEASE FILE THE ATTACHED AND RETURN:**  Plain Copy Certified Copy                 |
| **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:** Document Number:              |
| Certified Copy of Arts & Amendments   |
| Certificate of Good Standing  |
| **APOSTILLE'/NOTARIAL CERTIFICATION:** COUNTRY OF DESTINATION                       |
| NUMBER OF CERTIFICATES REQUESTED  |
| TOTAL AMOUNT OWED: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                           |
| PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER. |
| Thank you!  |
| Tina Goff, President  |

### ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is:

CHARLOTTE ORCHID HOMES, LLC

#### ARTICLE II ADDRESS

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

17452 COX AVENUE

PORT CHARLOTTE, FLORIDA 33948

#### ARTICLE III REGISTERED AGENT

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

MICHELLE R OSBORNE

17452 COX AVENUE

PORT CHARLOTTE, FLORIDA 33948

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.

MICHELLE R OSBORNE / Registered Agent's signature

#### PAGE 2 CHARLOTTE ORCHID HOMES, LLC

#### **ARTICLE IV**

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

AUTHORIZED MEMBER
MICHELLE R OSBORNE
17452 COX AVENUE
PORT CHARLOTTE, FLORIDA 33948

MICHELLE R OSBORNE / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

