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HAISION OF COMPORATION

× 10/04/16

# **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	SunDown Acres, LLC		
Bebuec		imited Liability Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.	
Please ret	urn all correspondence concerning this t	matter to the following:	
	Jason Runk		
		Name of Person	
	SunDown Acres, LLC		• • • •
		Firm/Company	
	8837 N Citrus Ave		
		Address	
	Crystal River, Florida 34428		
	jason.runk@gmail.com	City/State and Zip Code	
	·	ed for future annual report notification)	
For further	information concerning this matter, plea	ase call:	
	Abby Runk	352 2128857	
	"	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00 F	_	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	d)
٠.	Mailing Address	Street Address	

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

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:		•	•
SunDown Acres, LL	<del>` </del>			
(Must end	with the words "Limite	d Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal of	office of the Limit	ed Liability Company is:	
_	pal Office Address:		Mailing Address:	
8837 N Citrus Ave		88	37 N Citrus Ave	
Crystal River, FL 34	428		ystal River, FL 34428	
	····	<del></del>		
The name and the Florida street	address of the registere			
		Name		
	8837 N Citrus Ave		<del></del>	
	Florida street addres	ss (P.O. Box <u><b>NOT</b></u>	acceptable)	
	Crystal River	FL	34428	
	City	State	Zip	

(CONTINUED)

Page 1 of 2

16 OCT -4 PM 12: 26

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Jason Runk
	8837 N Citrus Ave
	Crystal River, FL 34428
AMBR	Abby Runk
	8837 N Citrus Ave
	Crystal River, FL 34428
	_
(Use attachment if necessary)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

### **REOUIRED SIGNATURE:**

ARTICLE VI: Other provisions, if any.

the date of filing.)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Abby B Runk
Typed or printed name of signce

### 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)

the document's effective date on the Department of State's records.

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