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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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TREET OF THE 2: 15

11/03/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUNDANCE INVESTING LL.C. 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:
HAROLD MINER Name of Person
Firm/Company
2815 9th STREET SW Address
LEHIGH ACRES FL. 33976 City/State and Zip Code HMINER 239 a YAHOO, COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E, TUNG at (239) 898-9715 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SU	NDANC	E	INVES	TING	11.	<u>C</u> ,
	ith the words "Lim				-	
ARTICLE II - Address: The mailing address and street add	dress of the principa	al office of the	e Limited Liabil	ity Company is:		
Principa	Office Address:			Mailing Add	ress:	
2815 9 LEHIGH F	STREET	- SW	281	4 ACRES	treet Ei	SW.
	CICES, F.C.		- L G D L U	in increes	, ,	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its c ctive Florida registr	own Registere ation.)	d Agent. You m		idividual or	
The name and the Florida street ac	, -	_				
	HAR	OLD	MINER			
		Mama				
	2815	9 = 5	THEBT	SW		
	Florida street add			ble)		
	LEHILH	Arnes	E/-	33976		

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..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

MILE OCT 31 PH 2: 15

(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	arm		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	MERAMBR	HAROLD MINEM 2815 93 STREET S.C. LEHICH ACRES, FL.	<u>v.</u> 3397
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:			
E V: Effective date, if other than the date of filing:			
retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) the date inserted in this block does not meet the applicable statutory filling requirements, this date will not nent's effective date on the Department of State's records. E VI: Other provisions, if any. 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. HAROLD MINER Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	(11		
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ARTICLE IV-