

FLOXIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Sunshine Marriott TN LLC

(Corporation Name)

Document #

2.

(Corporation Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy

Certificate of Status

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domesitication

Other

AMMENDMENTS

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

OTHER FILINGS

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign

Limited Partnership

Reinstatement

Trademark

Other

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNSHINE MARRIOTT TN LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12706 EAGLES ENTRY DRIVE
ODESSA, FL 33566

Mailing Address:

12706 EAGLES ENTRY DRIVE
ODESSA, FL 33566

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RAJITHA DUNDIGALLA

Name

12706 EAGLES ENTRY DRIVE

Florida street address (P.O. Box 301 acceptable)

ODESSA

City


FL

State

33566

Zip

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)

(CONTINUED)

FILED
2020 JAN -6 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

MGR" - Manager

MGR _____

RAJITHA DUNDIGALLA
12706 EAGLES ENTRY DRIVE
ODDESSA, FL 33566

MGR _____

MANIK CHAMARTHY
9716 TREE TOPS LAKE ROAD
LAMPAS, FL 33626

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing:

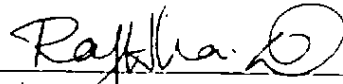
(OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

RAJITHA DUNDIGALLA

Typed or printed name of signee

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)