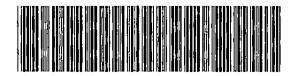
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(Re	equestor's Name)		
(Address)			
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Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: The	South Jound L	ited Liability Company	
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
	Zyvon wo	aiters	
	· -	Name of Person	
	ne South So	und	
		Firm/Company	
320	ON Alafay	Address	
Orlar	ido fl 3	32826	
	C	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information co	ncerning this matter, please	call:	
_ Z	n Waiters at C	707 373-30 rea Code Daytime Telephon	56 e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng 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 1 - Name: The name of the Limited Liability Company is:
The South Sunci LLC. (Must conatin 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: 3200 N Alafaya tri Griando Fi 32826 Criando, Fi 32926
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:
S200 N flafay a tyl Florida street address (P.O. Box NOT acceptable)
Or Vando Florida 32826 City State 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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager EO/MGR	Zyvon Waiters Orlando Fi 3282
	
(Use attachment if necessary)	
n effective date is listed, the date must be late of filing.)	date of filing:
TCLE VI: Other provisions, if any.	en of state a records.
REQUIRED SIGNATURE:	
This document is exi I am aware that anv4	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in 5.817.155, F.S.
<u> </u>	Won Watter 5 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)