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(Re	questor's Name)	
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	New Filing Sc Division of Co				
SUBJEC		CHSIDE PROPE	RTIES, LLC		
3000170	· · · · · · · · · · · · · · · · · · ·	Na	me of Limited I	iability Company	
The enclo	osed Articles o	f Organization and	l fee(s) are subn	nitted for filing.	
Please ret	urn all corresp	ondence concerni	ng this matter to	the following:	
	STEVEN G	REVERA			
			Nar	ne of Person	
					<u> </u>
			Fin	n/Company	
	4908 OLDE	KERRY DRIVE			
				Address	· · · · · · · · · · · · · · · · · · ·
	ORLANDO	, FLORIDA 3283	7		
			City/Stu	te and Zip Code	
		E-mail address: (to	be used for fut	ure annual report notifica	tion)
For further	information co	ncerning this matt	er, please call:		
	STEVEN GE	REVERA	610 at (331-2900	
	Nam	e of Person	Area Co	de Daytime Telephor	ne Number
Enclosed	is a check for t	he following amou	mt:		
¹ □\$125.0	0 Filing Fee	∰\$130.00 Filin Certificate of S	tatus Ce	\$155.00 Filing Fee & crtified Copy tional copy is enclosed)	☐ \$160.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section on of Corporations	i	New Filing Section D The Centre of Tallah	
	P.O. B	ox 6327	•	2415 N. Monroe Stre	et, Suite 810
	Tallah	assec, FL 32314		Tallahassee, FL 3230)3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SKG BEACHS	DE PROPERTIES, LLC		× 0 11 117 0 10		
(Must	conatin the words "Limited	Liability Company, "L.	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal o	office of the Limited Lia	ability Company is:		
Pr	ncipal Office Address:		Mailing Addre	<u>55</u> :	
4908 OLDE KE	RRY DRIVE		LDE KERRY DRIVE		
ORLANDO, FL		ORLAN	NDO, FLORIDA 32837	<u> </u>	
ADDICED HE Development	1 A Danistanad Office	P. Danietował Agantie	Cionatura		
(The Limited Liability Con-	d Agent, Registered Office, npany cannot serve as its own	1 Registered Agent. You	Signature: a must designate an indi	vidual or	
(The Limited Liability Con-	d Agent, Registered Office, pany cannot serve as its own h an active Florida registration	1 Registered Agent. You	: Signature: 1 must designate an indi	vidual or	
(The Limited Liability Com another business entity wit	ipany cannot serve as its owi	n Registered Agent, You on.)	: Signature: 1 must designate an indi	vidual or	
(The Limited Liability Com another business entity wit	npany cannot serve as its own h an active Florida registrati	n Registered Agent, You on.)	: Signature: must designate an indi	vidual or	
(The Limited Liability Com another business entity wit	pany cannot serve as its own han active Florida registration treet address of the registere	n Registered Agent, You on.)	: Signature: must designate an indi	vidual or	D) :
(The Limited Liability Com another business entity wit	pany cannot serve as its own han active Florida registration treet address of the registere	n Registered Agent. You on.) d agent are:	: Signature: must designate an indi	vidual or	20
(The Limited Liability Com another business entity wit	pany cannot serve as its own han active Florida registration treet address of the registere STEVE GREVERA 4908 OLKD KERR	n Registered Agent. You on.) d agent are:	ı must designate an indi	vidual or	20 JAN
(The Limited Liability Com another business entity wit	pany cannot serve as its own han active Florida registration treet address of the registere STEVE GREVERA 4908 OLKD KERR	n Registered Agent. You on.) d agent are: Name Y DRIVE	ı must designate an indi	vidual or	20 JAN 21
(The Limited Liability Com another business entity wit	pany cannot serve as its own han active Florida registration treet address of the registere STEVE GREVERA 4908 OLKD KERN Florida street address	n Registered Agent. You on.) d agent are: Name Y DRIVE ss (P.O. Box NOT acce	nust designate an indi	vidual or	20 JAN 21 PM 1: 46

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager KIMBERLY ANN GREVERA 4908 OLDE KERRY DRIVE ORLANDO, FLORIDA 32837 MGR MGR_ STEVEN G. GREVERA, SR. 4908 OLDE KERRY DRIVE ORLANDO, FLORIDA 32837 (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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

5 5.00 Certificate of Status (Optional)