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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

My Sunrise Cay LLC Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp. Record of Good Standing Certificate of Fictitious Name Corp. Record Search Fictitious Search Fictitious Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search Name Date Time VECC 14 Pagency I			
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COVER LETTER

то:	New Filing Se Division of Co				
SUBJE	My Sunris	e Cay LLC			
		Nam	e of Limited L	iability Company	
The en	closed Articles of	COrganization and for	cc(s) are subm	itted for filing.	
Please	return all corresp	ondence concerning	this matter to	the following:	
	Jeffrey D. N	1euter			
			Nan	ne of Person	
	AOA Mana	gement Company Li	rc		
		-	Firn	n/Company	
	2675 Paces	Ferry Road, Suite 10)5		
				Address	
	Atlanta, GA	30339			
	jmeuter@rter	williger.com	City/Stat	e and Zip Code	
		E-mail address: (to b	e used for futi	ure annual report notificat	ion)
For furth	er information co	ncerning this matter	, please call:		
	Jeffrey Meut	er	678 at (933-0871	
	Nam	e of Person	Area Coo	le Daytime Telephon	ne Number
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	.00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & tus Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	CI\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	ig Address iling Section on of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assec
	Tallah	assee, FL 32314		Tallahassee, FL 3230	

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY 2021 JUN 28 AH 11: 07

ARTICLE I - Name	e	•
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SECRETARY OF STATE TALLAHASSEE, FL

	bility Company is:		TALL
My Sunrise Cay	LLC		
(Must o	contain the words "Limited I	Liability Company, "L.	.L.C.," or "LLC.")
CLE II - Address; ailing address and stre	et address of the principal of	ffice of the Limited Li	ability Company is:
<u>Prir</u>	ncipal Office Address:		Malling Address:
10 1		2675 Pa	aces Ferry Road
1 Osprey Lane			
Key Largo FL 33	037	Suite 10	05
Key Largo FL 33 CLE III - Registered cimited Liability Composer business entity with	Agent, Registered Office, on the control of the con	Suite 10 Atlanta & Registered Agent's Registered Agent. You n.)	, GA 30339
Key Largo FL 33 CLE III - Registered cimited Liability Composer business entity with	Agent, Registered Office, on the control of the control of the registered of the registered	Suite 16 Atlanta & Registered Agent's Registered Agent. You n.) agent are:	, GA 30339 s Signature:
Key Largo FL 33 CLE III - Registered cimited Liability Composer business entity with	Agent, Registered Office, on the control of the con	Suite 16 Atlanta & Registered Agent's Registered Agent. You n.) agent are:	, GA 30339 s Signature:
Key Largo FL 33 CLE III - Registered cimited Liability Composer business entity with	Agent, Registered Office, on the control of the control of the registered of the registered	Suite 16 Atlanta & Registered Agent's Registered Agent. You n.) agent are:	, GA 30339 s Signature:
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Key Largo FL 33 CLE III - Registered cimited Liability Composer business entity with	Agent, Registered Office, on any cannot serve as its own an active Florida registration reet address of the registered J. Ronald Terwilliger	Suite 16 Atlanta & Registered Agent's Registered Agent. You n.) agent are:	s Signature: u must designate an individual o
Key Largo FL 33 CLE III - Registered cimited Liability Composer business entity with	Agent, Registered Office, on any cannot serve as its own an active Florida registration reet address of the registered J. Ronald Terwilliger	Suite 16 Atlanta & Registered Agent's Registered Agent. You n.) agent are: Name	s Signature: u must designate an individual

Н pl fu 1 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's gnature (REQUIRED)

(CONTINUED)

A	R	T	C	LΕ	I۷	_
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	
"AMBR" = Authorized Member "MGR" = Manager	
_	1.70
MGR	J. Ronald Terwilliger 1 Osprev Lane
	Key Largo, FL 33037
MGR	Jeffrey D. Meuter
	2675 Paces Ferry Road, Suite 105
	Atlanta, GA 30339
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(Use attachment if necessary)	
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