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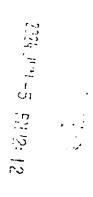
(Req	uestor's Name)	 -
bbA)	ress)	
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(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO:	New Filing Sec Division of Cor				
CLIDIA	Sunny Nice	ville, LLC			
SUBJE	CI:	Name of Lin	ited Liab	ility Company	
The enc	closed Articles of	Organization and fee(s) are	: submitte	ed for tiling.	
Please r	return all correspo	ndence concerning this ma	tter to the	following:	
	Mark J. Upto	n			
			Name c	of Person	
	Daniell, Upto	on, Anderson, Law & Bush	y, P.C.		
			Firm/C	ompany	
	30421 Highw	/ay 181			· •3
		• .	Ado	iress	
	Daphne, Alai	oama 26527			i t co
		C	ity/State a	nd Zip Code	
	mju@dupm.co	om			
	E	E-mail address: (to be used	for future	annual report notificati	(on) '2
For furthe	er information cor	ncerning this matter, please	call:		63
	Mark J. Uptor	n 25 at (1	625-0046	
	Name	e of Person Ar	ea Code	Daytime Telephon	e Number
Enclose	ed is a check for th	ne following amount:			
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 ussee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, Fl. 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sunny Niceville LLC				
(Must conta	ain the words "Limited !	Liability Company, "	L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal o	ffice of the Limited I	Liability Company is:	
Principal Office Address:			Mailing Address:	
	319 Grand Oaks Drive		319 Grand Oaks Drive	
Niceville, FL 32578	Niceville, FL 32578		ille, FL 32578	
	Mark J. Upton	Name		4 S-1141 1313
	319 Grand Oaks Driv Florida street address	•	ceptable)	.; .; <u> </u>
	Florida street address	•	ceptable)	21 :61:13
		•	Zip	21:5:15

(CONTINUED)

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	., ,			•	•	•

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	
AMBR	Mark J. Unton 319 Grand Oaks Drive Niceville, FL 32578
AMBR	Suzan J. Upton 319 Grand Oaks Drive Niceville, FL 32578
	\sim
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing: May 28, 2024 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as sent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	MAL
This document is ex	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Mark I Unio	1

Typed or printed name of signee