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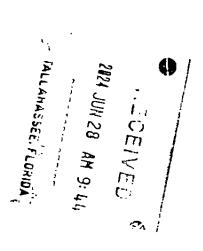
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Summer Name of Li	Scape, ZZC mited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	ratter to the following:
7	Name of Person
	Name of Ferson
	Firm/Company
	74 NW Main Blood 2
hake (ity Fl 32005 City State and Zip Code
R	City/State and Zip Code
E-mail address: (to be used	ey 1969 @ g mail. Com The future annual report notification)
-	·
For further information concerning this matter, pleas	
Grupe Tingley at	386 <u>L28 - L568</u> Area Code Daytime Telephone Number
Name of Person A	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Z\$125.00 Filing Fee ☐\$130.00 Filing Fee &	. Telsson Fill For R . Telsono Fill F
Certificate of Status	Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Summer Escape	1666
(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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
1524 NW Main Blud Lake City FL 32005	1524 NW Main Blud Lake City, Fl 32005

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:

Bryce	Ji)	ngley	
,	Name	- /	
1524	NW	Main	Blud
Florida street address			
Lake City	FL		32005
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..

(CONTINUED)

Bryce Tungley by Curt Bender, Esq. (P.O.A)
Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager M B R	Name and Address: Bove Tingley	
	1524 1111 Main Blod Lake City; FL 32005	
(If an effective date is listed, the date must be specthe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing:	
This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Ingley by CURT Bender, Esq. (P.O.A) 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)

S 5.00 Certificate of Status (Optional)