

LOS0000 33028

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000084344 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954)389-1333  
Fax Number : (954)389-1397

RECEIVED

05 APR -7 AM 4:17

DIVISION OF CORPORATION

STATE OF FLORIDA

05 APR -6 AM 9:22

FILED

LIMITED LIABILITY COMPANY

Sunset Harbour Miami, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunset Harbour Miami, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

18567 S.W. 12 Street  
Pembroke Pines, FL 33029

**Mailing Address:**

18567 S.W. 12 Street  
Pembroke Pines, FL 33029

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Paul Salver, Esq.

Name

2721 Executive Park Drive, Suite 3,

Florida street address (P.O. Box **NOT** acceptable)

Weston, FL 33331 FL

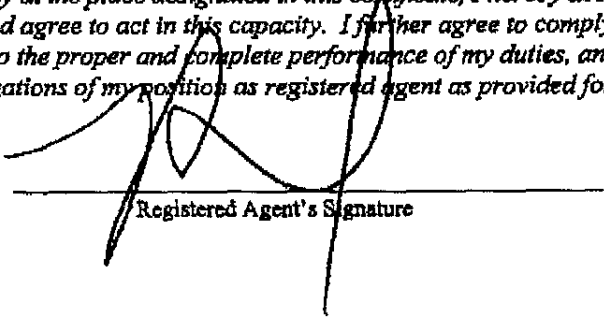
City, State, and Zip

STATE OF FLORIDA  
TALLAHASSEE

05 APR -5 AM 9:22

FILED

*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 608, F.S.*



Registered Agent's Signature

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Eduvigis Mezerhane

18567 S.W. 12 Street

Pembroke Pines, FL 33029

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Eduvigis Mezerhane

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Eduvigis Mezerhane, Manager of Mezerhane Family, LLC, Member  
Typed or printed name of signee

SE  
TAM  
STATE  
FLORIDA

05 APR -5 AM 9:22

FILED

**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)