

L20000321421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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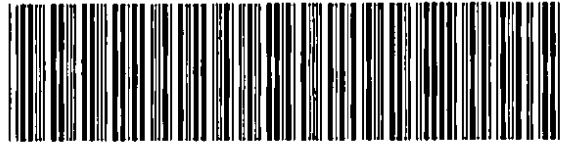
(Business Entity Name)

(Document Number)

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OFFICE OF  
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TALLAHASSEE, FLORIDA

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Account#: I20000000088

Date: October 19, 2020

Name: ERIC HOOD

Reference #: 1278130

Entity Name: Eyton Vegas, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: *Eric Hood*

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SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EYTON VEGAS, LLC

(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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

777 BRICKELL AVENUE, STE 1270  
MIAMI, FLORIDA 33131

777 BRICKELL AVENUE, STE 1270  
MIAMI, FLORIDA 33131

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:

SUNRISE CAPITAL MANAGEMENT, L.L.C.

Name

777 BRICKELL AVENUE, SUITE 1200

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

MIAMI                      FLORIDA                      33131  
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..*

Gavin Beekman

Gavin Beekman (Oct 19, 2020 01:45:40)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

<u>MGR</u>	<u>GAVIN BEEKMAN</u>
_____	<u>777 BRICKELL AVENUE, STE 1200</u>
_____	<u>MIAMI, FLORIDA 33131</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FL

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(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.

SEAN C. LUCAS, ESO.  
\_\_\_\_\_  
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)
- \$ 5.00 Certificate of Status (Optional)