# Florida Department of State

Division of Corporations 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.

(((H24000013832 3)))



H240000138323ABCX

**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)617-6381

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

PATE OF ET VED

124 JAN 10 AN 10: 01

125 JAN 10: 51ATE

125 JAN 10: 51ATE

125 JAN 10: 51ATE

125 JAN 10: 51ATE

# FLORIDA LIMITED LIABILITY CO. SUNRISE LAKE VIEWS OWNER LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/10/2024 9:40 A3

H24000013832 3

# **COVER LETTER**

	New Filing Section Division of Corporations
SUBJECT	SUNRISE LAKE VIEWS OWNER LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	Name of Person
	FILE RIGHT LLC
	Firm/Company
	5314 16TH AVENUE SUITE 139
	Address BROOKLYN, NY 11204
	City/State and Zip Code sales@fileacorp.com
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	Sara 718 878-5811 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	iling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclose
	MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FI, 323142661 Executive Center Circle
	Tallahassee, FL 32314 2001 Excedit ve Center Circle

Mailing Address:

H24000013832 3

# ARTICLESOF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### SUNRISE LAKE VIEWS OWNER LLC

Principal Office Address:

(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:

2999 NE 191 ST Suit	e 408		2999 NE 191 ST Suite 408	
Aventura, FL 33180			Aventura, FL 33180	<del></del>
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its owr	Registered Ag	Agent's Signature: ent. You must designate an individual c	: 1
The name and the Florida street a	_	d agent are:		1024 5
	Aaron Manoucheri			
		Name		10
	2999 NE 191 ST Sui	ite 408		-
	Florida street addres	ss (P.O. Box N	OT acceptable)	. 9
	Aventura	<u> </u>	33180	
	City	State	Zip	9

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. Thereby 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..

 /s / Aaron Manoucheri
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

H240000138323

To:

٠	RTI	$\sim$	E.	IX/
	K 1 I		. P	

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

"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager	
<u> </u>	Assau Mananakasi
MGR	Aaron Manoucheri 2999 NE 191 ST Suite 408
	Aventura, FL 33180
	Avenua, i E 35100
MGR	Avraham Manoucheri
<del></del>	2999 NE 191 ST Suite 408
	Aventura, FL 33180
	•
MGR	MOSIIE YORMARK
	1999 CEDARBRIDGE AVE STE 2D
	LAKEWOOD, NJ 08701
	[4]
<del></del>	
dita and all and the annual and	~*.
(Use attachment if necessary)	
n effective date is listed, the date must be speci	filing: (OPTIONAL)
n effective date is listed, the date must be speci- late of filing.)	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be li
n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not mee document's effective date on the Department of TCLEVI: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be li
n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not mee document's effective date on the Department of TCLEVI: Other provisions, if any.  REOUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be li State's records
n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not mee document's effective date on the Department of TCLEVI: Other provisions, if any.  REOUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be li State's records
n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not mee document's effective date on the Department of TCLEVI: Other provisions, if any.  REOUIRED SIGNATURE:  /s/ Signature of a memity document is executed I am aware that any false in	fic and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be li State's records
n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not mee document's effective date on the Department of TCLEVI: Other provisions, if any.  REQUIRED SIGNATURE:  / s /  Signature of a memiliary document is executed I am aware that any false in constitutes a third degree fe	the applicable statutory filing requirements, this date will not be listate's records  Aaron Manoucheri ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.  Aaron Manoucheri
n effective date is listed, the date must be specifiate of filing.)  e: If the date inserted in this block does not mee document's effective date on the Department of TCLEVI: Other provisions, if any.  REQUIRED SIGNATURE:  / s /  Signature of a memiliary document is executed I am aware that any false in constitutes a third degree fe	the applicable statutory filing requirements, this date will not be listate's records  Aaron Manoucheri ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State

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)