

L14000155554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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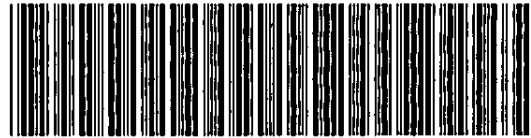
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LYNCH, COX, GILMAN & GOODMAN, P.S.C.

500 WEST JEFFERSON STREET, 21ST FLOOR

LOUISVILLE, KENTUCKY 40202

Telephone (502) 589-4215

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KATHY Y. BOTT
PARALEGAL

September 29, 2014

UPS OVERNIGHT

Registration Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 521 Sunset, LLC

Dear Sir or Madam:

Enclosed for filing are an original and one copy of Articles of Organization for 521 Sunset, LLC, along with a check in the amount of \$160 to cover the filing fee, certified copy and Certificate of Status. Please return the documents to the undersigned.

Thank you for your assistance. Please call me if you have questions.

Very truly yours,

LYNCH, COX, GILMAN & GOODMAN, P.S.C.



Kathy Y. Bott
Paralegal

KYB/klh
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

521 Sunset, LLC

(Must end with 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:

6500 Sunset Way
Bldg. A. #518
St. Petersburg, FL 33706

6500 Sunset Way
Bldg. A. #518
St. Petersburg, FL 33706

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:

Larry Smithers
Name

6500 Sunset Way, Bldg. A. #518
Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg FL 33706
City 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.

X Larry F. Smithers
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Larry Smithers

6500 Sunset Way, Bldg. A, #518

St. Petersburg, FL 33706

AMBR

Sandra Smithers

6500 Sunset Way, Bldg. A, #518

St. Petersburg, FL 33706

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X

Larry D. Smithers

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Larry Smithers

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)

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TALLAHASSEE, FLORIDA