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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 653694 8300201 AUTHORIZATION : ORDER DATE: May 2, 2022 ORDER TIME : 1:42 PM ORDER NO. : 653694-005 CUSTOMER NO: 8300201 DOMESTIC FILING NAME: SUNRISE ON HOLLYWOOD LP EFFECTIVE DATE: ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. SUNRISE ON HOLLYWOOD LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
2. 3801 S OCEAN DRIVE, UNIT 9G, HOLLYWOOD, FLORIDA 33019
(Street address of initial designated office)
3. Corporation Service Company
(Name of Registered Agent for Service of Process)
4.1201 Hays Street
(Florida street address for Registered Agent)
Tallahassee, FL 32301
5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  Corporation Service Company  By:  Signature of Registered Agent
6.3801 S OCEAN DRIVE, UNIT 9G, HOLLYWOOD, FLORIDA 33019
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of ea Name:	ich general partner: Business Address:
SUNRISE ON HOLLYWOOD LLC	3801 S OCEAN DRIVE, UNIT 9G
	HOLLYWOOD FL 33019
	_
	<del></del>
9. Effective date, if other than the date of f	īling:
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date the document is State.)
Signed this 2 <sup>nd</sup> day of	May
stated herein are true. I/We am/are a	We submit this document and affirm that the facts tware that any false information submitted in a e constitutes a third degree felony as provided for in
Mireille Jobidon	Daniel Verret
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75