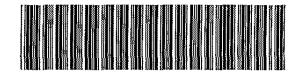
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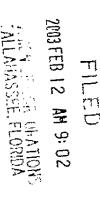
(Re	equestor's Name)	
(Ac	idress)	
aA)	ldress)	
(Ci	ty/State/Zip/Phone	<i>#</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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J. BRYAN FEB 1 2 2005



February 6, 2003

Florida Department of State Registration Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Sunrise Oaks, LLC

Enclosed are an original and one (1) duplicate original of the Articles of Organization for the above referenced limited liability company, as well as a check in the amount of \$160.00 for the following fees:

Filing Fee	\$100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	<u>5.00</u>
	\$160.00

I have enclosed a Federal Express airbill for return of the copy and certificate to me.

Thank you for your consideration.

Sincerely,

Renée Sandell Vice President Florida Region



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sunrise Oaks, LLC

# **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Renée Sandell, 1103 W. Hibiscus Boulevard, Suite 408, Melbourne, FL 32901

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

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

Renée Sandell		
Name		1 8 6
1103 West Hibiscus Boulevard, Suite 408		200
Florida street add	ress (P.O. Box NOT acceptable)	<b>第3 多</b>
Melbourne	FL 32901	الم المرابة
City, State, and Zip		97 6
	-	07

-3

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.

(An additional article must be added if an effective date is requested)

Registered Agent's Signature

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.)

## Renée Sandell

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)