Z1001/004

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Florida Department of State

Division of Corporations Public Access System

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From: C Ascount 1 C Ascount 1 Phone	Name : RICHARD G. COKER, JR., P.A. Number : I20010000145 : (954)761-3636	
OS WAY 17	LIMITED LIABILITY COMPANY The Pines at Sunrise, LLC	
	Certificate of Status Certified Copy Page Count Estimated Charge \$125.00	. s g
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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: The Pine		d Liability Company)	
	f Organization and fee(s) are s	_	
Please return all corresp	ondence concerning this matte	r to the following:	
Richard	G. Coker, Jr., Esquire		
	(1	Name of Person)	
Coker & Feiner			
	(Firm/Company)	
1404 South	Andrews Avenue		
		(Address)	
Forti	auderdale, FL 33316-1840		
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
Faye Johnston, Legal	Assistant	at (954) 761-3636	
	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	r the following amount:		
5 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section		MAILING A Registration S	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 но5000124027 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
The Pines at Sunrise, LLC					
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
1937 East Atlantic Boulevard	Same				
Suite 9					
Pompand Beach, FL 33060					
The name and the Florida street address Richard G. Coker, Jr.,	Esquire Name				
1404 South Andrews					
Plorida	street address (P.O. Box NOT acceptable)				
Fort Lauderdale, FL 3					
Cit	y, State, and Zip				
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.				

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Titlez	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mexiber	
MGR	NICO Development, Inc.
	1937 East Atlantic Boulevard, Suite 9
	Pompano Beach, FL 33060
	<u></u>
When the shared SC and the same	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	. 1
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< m	bern !
Signature of a membe	For an anthorized representative of a member.
fin accordance with sar	tion 608.408(3), Florida Statutes, the execution
of this do littleat pensi	intes an aftirmation under the negaties of persurv
that the facts stated h	a part of the contract of the
James Pt. Beeson, J	
Ту	ped or printed name of signer
William France	A COST COST
- Annual Committee of the	
\$125.00 Filing For for Art ales of Organ of Registered Agent	nization and Designation w
S 30,00 Certified Copy (Optional)	
5 5.00 Certificate of Status (Optional))

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