

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696 08 MAY 23 AM 10: 05

DIVISION OF CORPORATIO

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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SECRETARIES FROM 15

phoenix sunrise, llc

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	5 :		
PHOENIX SUNRISE, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Limited Liability Company," Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company, "Liability Company," Liability Company, "Liability Company," Li	ited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE H - Address: The mailing address and street address of the p	principal office of the Limited Liability Comp	o any i	s:
Principal Office Addiress:	Mailing Address:		
5802 TYLER STREET HOLLYWOOD, FL 33)21	5802 TYLER STREET HOLLYWOOD, FL 33021		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	istered Agent. You must designate an individual or another	90	DIVIS
The name and the Ficrida street address of the registered agent are:		08 HAY	28
H. ALLAN TUCKER		2	
Name	e	ယ	<u></u>
5302 TYLER STREET	<u> </u>	¥	<u> </u>

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.

Florida street address (P.O. Box <u>NOT</u> acceptable)

D

FL 33021

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
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HOLLYWOOD

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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: <u>Title:</u> "MGR" = Manager Name and Address: "MGRM" = Managing Member MGR H. ALLAN TUCKER 5802 TYLER STREET HOLLYWOOD, FL 33021 (Use attachment if necessary) ARTICLE V: Effective data, 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.) **REQUIRED SIGNATURE:** Si mettie 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 penaltics of perjury that the facts stated herein are true.)

Filing Pees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)

H. ALLAN TUCKER

5 5.00 Certificate of Status (Optional)

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Typed or printed name of signee

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