

L090W121508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

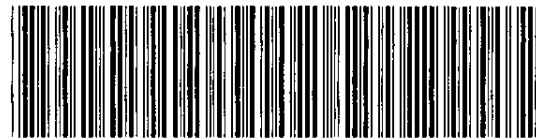
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RECEIVED  
09 DEC 30 PM 1:34  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
DEC 30 2009  
EXAMINER

FILED  
09 DEC 30 PM 4:55  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 30 PM 4:55

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 12-30-2009

REF. #: 001495.116746

CORP. NAME: SUNNY ISLES PARTNERS, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| (XX) OTHER: ARTICLES OF CORRECTION                   |   |  |

STATE FEES PREPAID WITH CHECK# 533115 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |                         |
|--|---|-------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |                         |

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 DEC 30 PM 4:55

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
SUNNY ISLES PARTNERS, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article V The State was incorrectly stated: Long Beach CA 11561

Article V should read: Long Beach, NY 11561

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 12/30/2009

*Dolores Burton*

Signature of a member or authorized representative of a member

Dolores Burton, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000121508  
FILED 8:00 AM  
December 22, 2009  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:

SUNNY ISLES PARTNERS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

C/O ROBERT BRENNER, 849 OCEAN FRONT ST.  
LONG BEACH, NY. 11561

The mailing address of the Limited Liability Company is:

C/O ROBERT BRENNER, 849 OCEAN FRONT ST.  
LONG BEACH, NY. 11561

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD  
SUITE 508  
MIAMI, FL. 33156

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.

Registered Agent Signature: MICHAEL A. BARR, PRESIDENT

**Article V**

The name and address of managing members/managers are:

Title: MGR  
ROBERT BRENNER  
849 OCEAN FRONT STREET  
LONG BEACH, CA. 11561

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FILED 8:00 AM  
December 22, 2009  
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Signature of member or an authorized representative of a member

Signature: DOLORES BURTON, ORGANIZER