

L100000066499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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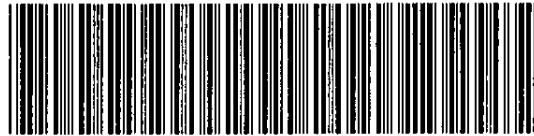
(Business Entity Name)

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RECEIVED
10 JUN 22 PM 4:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
JUN 23 2010
EXAMINER

FILED
10 JUN 22 AM 8:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 424267 7222145

AUTHORIZATION :

COST LIMIT : \$ 125.00

RECEIVED STATE
SECRETARY OF CORPORATIONS
10 JUN 22 AM 8:55

ORDER DATE : June 22, 2010

ORDER TIME : 1:45 PM

ORDER NO. : 424267-005

CUSTOMER NO: 7222145

DOMESTIC FILING

NAME: SUNRISE 2010 MANAGEMENT LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Sunrise 2010 Management LLC

ARTICLE II – Address:

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

Principal Office Address:

60 State Street, Suite 700
Boston, MA 02109

Mailing Address:

60 State Street, Suite 700
Boston, MA 02109

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ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City, State, and Zip

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, Florida Statutes.

* Carina L. Dunlap

Registered Agent's Signature

Carina L. Dunlap
Asst. Vice President

(CONTINUED)

Page 1 of 2

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGR

Rolando Rabines
60 State Street, Suite 700
Boston, MA 02109

REQUIRED SIGNATURE:

x Rolando Rabines
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.)

Growing Well Partners LLC, Member, By: Rolando Rabines, Its Manager

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and
Designation of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)