

L11000120673

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000254043 3)))



H110002540433ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 21 AM 8:21

FILED

FLORIDA LIMITED LIABILITY CO. SUNSET COVE, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
11 OCT 21 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 24 2011

Electronic Filing Menu

Corporate Filing Menu

Help

H 11000254043

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is:

SUNSET COVE, LLC.

ARTICLE II – Address:

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

UNIT F-136
8818 S.W. 72 STREET
MIAMI, FLORIDA 33173


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

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

PHILIP A. SIGEL
UNIT F-136
8818 S.W. 72 STREET
MIAMI, FLORIDA 33173

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.


Registered Agent's Signature, Philip A. Sigel


Signature of a member or an authorized representative of a member, Philip A. Sigel

(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.)

2011 OCT 21 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H 11000254043