

L1100V122644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

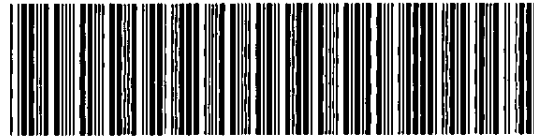
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B. KOHR

OCT 27 2011

EXAMINER



600213644546

10/27/11--01001--012 \*\*155.00

RECEIVED  
11 OCT 26 PM 4:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 26 AM 9:52

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 10/26/11

REF. #: 002226.156280

CORP. NAME: SUNNY ISLES 2507, LLC

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11 OCT 26 AM 9:52

- |  |   |   |
|--|---|---|
| <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 checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 542002 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

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

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
SUNNY ISLES 2507, LLC**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is: SUNNY ISLES 2507, LLC

**ARTICLE II - Address:**

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

21055 Yacht Club Dr.  
Unit 3001  
Aventura, FL, 33180

**ARTICLE III - Registered Agent and Registered Office:**

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

NRAI Services, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

*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.*

By: \_\_\_\_\_

Name: Katie Wonsch

Title: Assistant Secretary

**ARTICLE IV - Management**

☒

The Limited Liability Company is to be managed by one a Manager or more Managers and is, therefore, a manager-managed company.

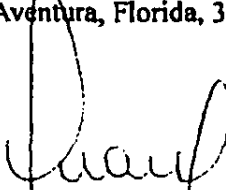
**ARTICLE V – Manager(s) or Managing Member(s)**

The name and address of each Manager:

MGR

Nacife Bousquet Bomeny  
214055 Yacht Club Drive, Unit # 2001  
Aventura, Florida, 33180

Marilia Bucno Bomeny  
21055 Yacht Club Drive, Unit #2001  
Aventura, Florida, 33180



\_\_\_\_\_  
Paulo Miranda, Authorized Representative of a Member  
Member or Authorized representative of a member(s)

(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.)

\_\_\_\_\_  
Paulo Miranda

Typed or printed name of signer