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PICK-UP	☐ WAIT	MAIL
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**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Corp	orations				
SUBJECT: Mirama	r Sun Propertie	s L.L.C.			
SUBJECT:		ed Liability Compan	у	· <del></del>	
The enclosed Articles of O	rganization and fee(s) are s	submitted for filing.			
Please return all correspon	dence concerning this matt	er to the following:			
Erica Pera	za	Name of Person	<del></del>		
		Name of Person			
Miramar Sı	un Properties		<del> </del>		
		Firm/Company		•	
2151 SW 1	85th Ave				
		Address			
Miramar, FL	33029				
	·	y/State and Zip Code			
egopeves@y	anoo.com  E-mail address: (to be used for	or future annual report	t notification)		
For further information con	ncerning this matter, please	call:			
Erica Peraza		at (954)	249-2297		
Name of	Person	Area Code &	& Daytime Telep	ohone Number	
Enclosed is a check for t	_		_	2012 . Seef	ė,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	y	Certificate of Status & Certified Croy (additional copy is enclosed)	Lead and American Street Stree
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporations		**************************************

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Miramar Sun Properties L.L.C.	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2151 SW 185th Ave.	2151 SW 185th Ave.
Miramar, FL 33029	Miramar, FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Erica Peraza	
Name	
2151 SW 185th A	· · · · · · · · · · · · · · · · · · ·
	ress (P.O. Box <u>NOT</u> acceptable)
Miramar	<sub>FL</sub> 33029
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as in I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, E.S
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	Erica Peraza 2151 SW 185th Ave Miramar, FL 33029	
·		······
(Use attachment if necessary)  CLE V: Effective date, if other than the	date of filing:	(OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	date of filing:e specific and cannot be more than fi	(OPTIONAL) ive business days p
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:e specific and cannot be more than fi	(OPTIONAL) ive business days p
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing:e specific and cannot be more than fi	ive business days p
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608, constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than fi	ive business days p  mber.  is document herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a monther of a month of a mont	e specific and cannot be more than find the penalties of perjury that the facts stated nation submitted in a document to the Depart as provided for in s.817.155, F.S.)	ive business days p  mber.  is document herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Erica Peraza  Typ	e specific and cannot be more than find the penalties of perjury that the facts stated nation submitted in a document to the Depart	mber. is document herein are true. tment of State
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CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	ref an authorized representative of a men 408(3), Florida Statutes, the execution of the the penalties of perjury that the facts stated nation submitted in a document to the Depart as provided for in s.817.155, F.S.)	ive business days p  mber.  is document herein are true.