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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
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COVER LETTER

Division of Corporations	e e e e e e e e e e e e e e e e e e e
SUBJECT: Sunrise Immigration at	nd Paralegal Services, LLC.
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Dashana M. Honore	
	Name of Person
Sunrise Immigration and F	
	Firm/Company
2500 W. Oakland Park Blv	d. Suite 2508
	Address
Oakland Park, FL 33311	
· · · · · · · · · · · · · · · · · · ·	ty/State and Zip Code
mathiashonore@yahoo.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
Mathias Honore	at (754) 366-0172
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunrise Immigration and Paralegal Service, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2500 W. Oakland Park Blvd. Suite 2508 Oakland Park, FL 33311	2500 W. Oakland Park Blvd. Suite 2508 Oakland Park, FL 33311
ARTICLE III - Registered Agent, Register	ed Office & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dashana M. Honor	e	1(/)	هب.	
1	Jame	三百万	ري ا	
2500 W. Oakland	Park Blvd. Suite 2508	至到	₹ E	7
Florida stre	et address (P.O. Box NOT acceptable)		9	
Oakland Park	_{FL} 33311		2	C
Ci	ty, State, and Zip	10 15	$\ddot{\sim}$	
		查当	2	

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 (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	r Managing Member(s): Manager or Managing Member is as follows: 12 JUN 19 PI Name and Address: SECRETARY OF TALL AHASSEE. I
MGR	Mathias M. Honore
	2500 W. Oakland Park Blvd. Suite 2508 Oakland Park, FL 33311
MGRM	Mcnelly P. Honore
	2500 W. Oakland Park Blvd. Suite 2508 Oakland Park, FL 33311
(Use attachment if necessary)	• •
LE V: Effective date, if other t	han the date of filing: 09/28/2012 (OPTIONAL
dective date is listed, the date in days after the date of filing.)	must be specific and cannot be more than five business days
•	

guature of a member or an authorized representative of a member.

ccordance 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mathias M. Honore

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)