

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Br	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies:	Certificates of S	Status
Special Instructions to	Filing Officer:	
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12/20/12--0100 FILED 72 DEC 19 PH 12: 15

DEPARTHENT OF STATE

B. BOSTICK
DEC 2 0 2012

**EXAMINER** 

CORPDIRECT AGES 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)		
FILING COVER S ACCT. #FCA-14	SHEET			
CONTACT:	KATIE WO	<u>NSCH</u>		
DATE:	12/19/2012			
REF. #:	000150.1777	<u>60</u>		
CORP. NAME:	MIAMI SUN	NRISE PROPERTIES, LLC	•	·
( ) ARTICLES OF INCO ( ) ANNUAL REPORT	RPORATION	( ) ARTICLES OF AMENDMEN ( ) TRADEMARK/SERVICE MA		S OF DISSOLUTION US NAME
( ) FOREIGN QUALIFIC	CATION	( ) LIMITED PARTNERSHIP	(XX) LIMITE	
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRA	WAL
( ) CERTIFICATE OF C	ANCELLATION			
		TH CHECK# <u>102548</u> FO CCOUNT IF TO BE DE COS	<del></del>	FILED 12 DEC 19 PM 12: 16 PARLARIASSEE TERRIDA
PLEASE RETUR	N:			
( XX ) CERTIFIED CO		( ) CERTIFICATE OF GOOD	STANDING	( ) PLAIN STAMPED COPY

Examiner's Initials

## **COVER LETTER**

TO: Re

Registration Section Division of Corporations

SUBJECT:

Miami Sunrise Properties, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elena Arechaga			
<del>.</del>	Name of Person		
	Firm/Company		
1904 NW 84 Aver	nue		
	Address		_
Miami, FL 33126		· 60=	
Cit	ry/State and Zip Code	(ELA	12 DE
E-mail address: (to be used	for future annual report notification)	201	
For further information concerning this matter, please	call:	in in the second	9
Elena Arechaga	at (	sphone Number	P# 12: 1
Name of Person	Area Code & Daytime Tele	phone Number	5
Enclosed is a check for the following amount:			•
□\$125.00 Filing Fee  □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	&

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

	1	•	• •	
ARTICLE I - Name				
he name of the Lim		mnany ia		•
ne name of the Diffi		mpany is.		•
	• [			•
liami Sunrise Proper	ties, LLC			
		imited Liability Company, "L.L.C.," or "LLC.")		
	1			
RTICLE II - Add		- Bas - Literatura - CC - Bas - Y instantial at 1.5	ialaitia. Camana aa ia	.:'
he mailing address	and street addres	s of the principal office of the Limited Li	lability Company is:	• •
rincipal Office Ad	drace.	Mailing Address:		
Interpat Office Au	<u>u1 533.</u>	PARTITURE TRACTIC COST		•
904 NW 84 Avenue	:	1904 NW 84 Avenue		
/lami, FL 33126		Miami, FL 33126		•
RTICLE III - Reg	istered Agent, F	Registered Office, & Registered Agent'	s Signature:	
		ts own Registered Agent. You must designate an indiv	idual or affolier.	
business entity with an ac	ive Piorida registration	.,	Manual Nation Natio	÷
he name and the Fl	orida street addre	ss of the registered agent are:		-
				_
!	Elena Arechaga	·	တ္ ့ည်	,
		Name	<u> </u>	ă
	1904 NW 84 Aveni	j Je		
-		da street address (P.O. Box NOT acceptable)	12: 16 FOR 18:	
ļ	Mami, FL 33126		E E 6	
-	Visarin, 1 L OU 12.	FL City, State, and Zip	<b>P</b>	
		City, State, and Zip	W. A.	
Having been named	l as registered ago	ent and to accept service of process for the	e above stated limited	·
liability company	at the place desi	gnated in this certificate, I hereby accept	the appointment as	
registered agent at	nd agree to act in	this capacity. I further agree to comply w	vith the provisions of	
all statutes relatin	g to the proper a	nd complete performance of my duties, an	d I am familiar with	
and accept the obli	gations of my pos	ition as registered agent as provided for	in Chapter 608, F.S	
<u>-</u>			•	
	:	Xe mul	·	. • . •

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: <u>Title:</u>
"MGR" = Manager Name and Address: "MGRM" = Managing Member MGRM Miami Sunrise Properties Corp., a Florida corporation 1904 NW 84 Avenue Miami, FL 33126 · (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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. 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.) Elena Arechaga 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)

Page 2 of 2

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

## Miami Sunrise Properties Corp. 1904 NW 84 Avenue Miami, FL 33126

## CONSENT TO USE OF NAME

MIAMI SUNRISE PROPERTIES CORP., a Florida corporation, hereby consent to the formation of MIAMI SUNRISE PROPERTIES, LLC, in the State of Florida.

IN WITNESS WHEREOF, the said MIAMI SUNRISE PROPERTIES CORP. has caused this consent to be executed by its President this 19th day of December, 2012.

MIAMI SUNRISE PROPERTIES CORP., a Florida porporation

Jose Afonso Assumpção, President