

L13000/08610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

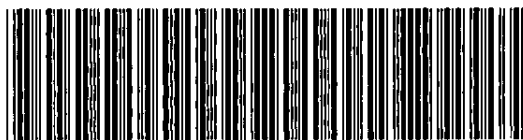
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG -1 2013

A. LUNT

Office Use Only



400249775694

2013 JUL 31 AM 9:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2013 JUL 31 AM 10:45
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8400 Sunrise 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:

Nicole E. Taplin, Esq.

Name of Person

Gibbons P.C.

Firm/Company

One Gateway Center

Address

Newark, NJ 07102-5310

City/State and Zip Code

rgaripian@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Garipian

Name of Person

at (

917

) 214-3381

Area Code & Daytime Telephone Number

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 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

2013 JUL 31 AM 9:11
STATE OF FLORIDA
TALLAHASSEE

FILED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 745500 4800429

AUTHORIZATION :

COST LIMIT : \$ 155.00

Susie Knight

ORDER DATE : July 31, 2013

ORDER TIME : 10:23 AM

ORDER NO. : 745500-005

CUSTOMER NO: 4800429

DOMESTIC FILING

NAME: 8400 SUNRISE LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 31 AM 9:11

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

8400 Sunrise 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:

6800 West 16th Ave.

Hialeah, FL 33014

Mailing Address:

6800 West 16th Ave.

Hialeah, FL 33014

ARTICLE III - Registered Agent, Registered 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:

Karnik Garipian

Name

6800 West 16th Ave.

Florida street address (P.O. Box **NOT** acceptable)

Hialeah

FL 33014

City, State, and Zip

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..

Karnik Garipian

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 JUL 31 AM 9:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Karnik Garipian
6800 West 16th Ave.
Hialeah, FL 33014

MGR

Haci Garipian
6800 West 16th Ave.
Hialeah, FL 33014

(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.)

Karnik Garipian

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)