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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973

: (305)220-1440 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

FLORIDA LIMITED LIABILITY CO. **SUNSET MANSION 11319, LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ART	CLE	I -	Name:
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The name of the Limited Liability Company Is:

Sunset Mansion 11319, LLC

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

ARTICLE U - Address:

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

Principal Office Address: N	Mailing Address:		
11319 SW 73 LN - 6	BBIS BW 41 TERR MIAMI, FL BBIS		

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:

Idalma Haidar
Name
11319 SW 73 LN
Florida street address (P/O. Box NOT acceptable)
HIAMI ,FL 33/73
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..

Registered Agent Signature (RBOLLIKED)

(CONTINUED)
Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Mem	Idalma M. Ha	udar_
•		
(Use attachment if necessar		,
RTICLE V: Effective date, if other fan effective date is listed, the date or 90 days after the date of filing	te must be specific and cannot be more than i	(OPTIONAL) five business days prior
REQUIRED SIGNATURE	E: Number and and a series of the series of	
• -	of a member or an authorized representative of a m	
of this docu	nce with section 608.408(3), Florida Statutes, the execument constitutes an affirmation under the penalties of pacts stated herein are true.)	ution perjury
<u>. 7</u>	Typed or printed name of signee	70 S. Z. Z.
Filing Fees:		I3 NOV
\$125.00 Filing Fee for Artic of Registered Ager \$ 30.00 Certified Copy (Op \$ 5.00 Certificate of Statu	otional)	I-I A
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