

L13000172557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

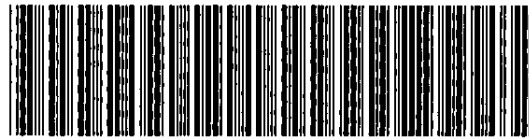
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 12-6-13

12/12/13--01010--016 \*\*125.00

2013 DEC 12 PM 3:27  
FALLAHOSSIAN, RUPP

B. BOSTICK

DEC 13 2013

EXAMINER

# IRIZARRY MENDEZ LAW FIRM

P.O. Box 771713  
Orlando, FL 32877

**Physical Address**  
2106 E. Osceola Pkwy, Suite 3  
Kissimmee, FL 34743

JESUS IRIZARRY, ESQUIRE  
Tel: (321) 300-4LAW (529)  
Fax: (888) 901-4LAW (529)  
ImLaw@Bufetelrizarry.com

VIA USPS MAIL

December 10, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: COVER LETTER**

Dear Sir or Madam,

Please be advised that the enclosed Articles of Organization for SUNNY 365  
MANAGEMENT LLC and fees (\$125.00) are submitted for filing.

Please direct any further communications with my Client, regarding this matter,  
to my office.

Very truly yours,

IRIZARRY MENDEZ PL

JESUS IRIZARRY, ESQUIRE

2013 DEC 12 PM 3:27  
TALLAHASSEE, FL 32314

**ARTICLES OF ORGANIZATION  
OF  
SUNNY 365 MANAGEMENT LLC**

**ARTICLE I – NAME**

The name of the limited liability company is SUNNY 365 MANAGEMENT LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
6735 CONROY RD UNIT 219  
ORLANDO, FL 32835

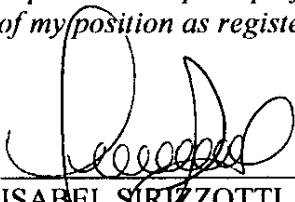
Mailing Address:  
6735 CONROY RD UNIT 219  
ORLANDO, FL 32835

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

ISABEL SIRIZZOTTI  
6735 CONROY RD UNIT 219  
ORLANDO, FL 32835

*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..*

  
\_\_\_\_\_  
ISABEL SIRIZZOTTI

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

ISABEL SIRIZZOTTI  
6735 CONROY RD UNIT 219  
ORLANDO, FL 32835

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TALLAHASSEE, FLORIDA

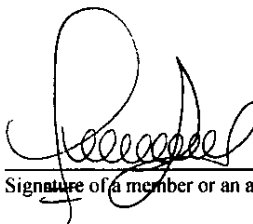
#### ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be December 6, 2013.

#### ARTICLE VI - OTHER MATTERS

The purpose for which this Limited Liability Company is organized is: Any and all business purpose.

**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.)

ISABEL SIRIZZOTTI

Typed or printed name of signee