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Florida Department of State
Division of Corporations
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RECEIVED
14 SEP 17 AM 8:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
SUN CANDLES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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SEP 17 AM 8:50
DIVISION OF STATE
REGISTRATION FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sun Candles, 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:

5589 NW 72 Avenue

Miami, FL 33166

Mailing Address:

Moreno Kostencki P.A.

1395 Brickell Ave., Suite 900

Miami, FL 33131

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:

E. Adriana Kostencki

Name

1395 Brickell Avenue, Ste. 900,

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

Miami

FL

33131

City

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

Sabek Nasser
1395 Brickell Avenue, Suite 900
Miami, FL 33131

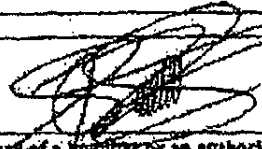
(Use attachment if necessary)

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 90 business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.
Any and all lawful business

REQUIRED SIGNATURE:

X



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0163 (1) (b), 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.)

Sabek Nasser

Typed or printed name of signer

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2014 SEP 17 11 A 8 50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA