## L15000129170

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	····
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300275166703

07/27/15--01018--020 \*\*125.00

7-24-15

2015 JUL 27 AM 9: 27

JUL 3 0 2015

## **COVER LETTER**

";

TO:

Registration Section Division of Corporations

SUBJECT:	Sumilang Real Estate II, LLC			
SUBJECT.	Name of L	imited Liabilit	ly Company	
The enclosed	d Articles of Organization and fee(s)	are submitted t	for filing.	
Please return	all correspondence concerning this	natter to the fo	ollowing:	
(	Carolina Sumilang			
<del>-</del>		Name of I	Person	
\$	Sumilang Real Estate II, LLC			
		Firm/Con	npany	
6	6120 Kipps Colony Dr W			
_		Addre	SS	
(	Gulfport, FL 33707			
CS	sumilang@primecarehh.com	City/State and	Zip Code	
	E-mail address: (to be use	ed for future ar	nnual report notification)	
For further inf	ormation concerning this matter, plea	ase call:		
C	Carolina Sumilang	908	839-572 <b>7</b>	
		Area Code	Daytime Telephone Number	
Enclosed is a	a check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	└─ Certifie	Filing Fee & \$160.00 Filing Fed Copy Certificate of State Copy (additional copy is en	us &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	) [ ( 2	New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

an a				
ARTIC	CLES OF ORGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY	FILED  OIS JUL 27 AM 9: 27  CRETARY OF STATE  AHASSEE, FLORIDA
ARTICLE I - Name:	•		4	015 Ju - 1.3
'he name of the Limited	Liability Company is:		SE	CRET AM O.
Sumilang Real				AHASSEF STATE
(M	ust end with the words "Limited	l Liability Company	, "L.L.C.," or "LLC.")	T. FLORINE
ARTICLE II - Address The mailing address and	: street address of the principal o	office of the Limited		
,	Principal Office Address:			EFFECTIVE DA
•	THE PART OTHER PERENCES		Mailing Address:	7.71
6120 Kipps Col	_		Mailing Address:	1-24-
	ony Dr W		<u>Mailing Address</u> :	<u> </u>
6120 Kipps Colored Guifport, FL 337  ARTICLE III - Registe. The Limited Liability Conother business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registered	Registered Agent. \on.)		<u> </u>
6120 Kipps Colored Guifport, FL 337  ARTICLE III - Registe. The Limited Liability Conother business entity v	ony Dr W 707 red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration	Registered Agent. Von.) diagent are:	ıt's Signature:	<u> </u>
6120 Kipps Cole Gulfport, FL 337  ARTICLE III - Registe The Limited Liability Conother business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registered Carolina Sumilang	Registered Agent. Von.) i agent are: Name	ıt's Signature:	<u> </u>
6120 Kipps Cole Gulfport, FL 337  ARTICLE III - Registe The Limited Liability Conother business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registered Carolina Sumilang	Registered Agent. Von.) d agent are: Name	nt's Signature: You must designate an individual or	<u> </u>
6120 Kipps Colored Gulfport, FL 337  RTICLE III - Registe. The Limited Liability Conother business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registered Carolina Sumilang	Registered Agent. Von.) d agent are: Name	nt's Signature: You must designate an individual or	7-24-
6120 Kipps Color Guifport, FL 337  ARTICLE III - Registe. The Limited Liability Conother business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registered Carolina Sumilang	Registered Agent. Von.) d agent are: Name	nt's Signature: You must designate an individual or	7-24-

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
	Authorized Member
'MGR" = M:	<b>~</b>
AMBR	Carolina Sumilang
	6120 Kipps Colony Dr W
	Gulfport, FL 33707
AMBR	Heracleo Jay Sumilang
	6120 Kipps Colony Dr W
	Gulfport, FL 33707
V: Effective date is	e date, if other than the date of filing: 07/24/2015 . (OPTIONAL)  listed, the date must be specific and cannot be more than five business days prior to or 9
EV: Effective date is filing.) the date insernent's effection	e date, if other than the date of filing: 07/24/2015 . (OPTIONAL)
EV: Effective date is f filing.) the date inserent's effective VI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL)  disted, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  rovisions, if any.
CV: Effective date is filing.) he date inserent's effection. CVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 9 ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records. rovisions, if any.
CV: Effective date is filing.) he date inserent's effection. CVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL)  disted, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  rovisions, if any.
CV: Effective date is filing.) he date inserent's effection. CVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL)  tisted, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  rovisions, if any.  Signature of a member or an authorized representative of a member.
CV: Effective date is filing.) he date inserent's effection. CVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL)  disted, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  rovisions, if any.  SIGNATURE:
CV: Effective date is filing.) he date inserent's effection. CVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Carolina Sumilang
EV: Effective date is filing.) he date inserent's effection. EVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL)  listed, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  Signature:  Signature of a member or an authopized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.
EV: Effective date is filing.) he date inserent's effection. EVI: Other p	e date, if other than the date of filing: 07/24/2015 (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 9  ted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.  SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Carolina Sumilang

ARTICLE IV-

Page 2 of 2