

## Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : THOMAS K. BOARDMAN, P.A.  
Account Number : 102350003270  
Phone : (863) 674-1027  
Fax Number : (863) 674-1029

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

Email Address: SAUL RODZ@HOTMAIL.COM

**FLORIDA LIMITED LIABILITY CO.  
SUNRISE APARTMENTS OF FLORIDA, LLC**

Certificate of Status	0
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## Corporate Filing Menu

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ARTICLES OF ORGANIZATION  
OF  
SUNRISE APARTMENTS OF FLORIDA, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be SUNRISE APARTMENTS OF FLORIDA, LLC.

ARTICLE II

The mailing address of the limited liability company shall be P.O. Box 703, Immokalee, FL 34143, and the street address of the principal office of this limited liability company shall be 511 Dilsa Lane, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until December 31, 2046, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman  
THOMAS K. BOARDMAN, P.A.  
P.O. Box 2197  
LaBelle, Florida 33975  
(863) 674-1027  
Florida Bar No. 103581

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ARTICLE IV  
MANAGEMENT

This limited liability company shall be managed by its members. The name and address of the manager/members are as follows:

Saul Rodriguez	J. Samuel Rodriguez	Diomar Rodriguez
P.O. Box 703	515 Dilsa Lane	502 Dilsa Lane
Immokalee, Florida 34143	Immokalee, FL 34142	Immokalee, FL 34142

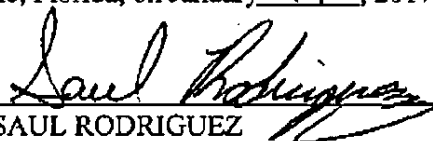
ARTICLE V  
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI  
MEMBERS' RIGHTS TO CONTINUE BUSINESS

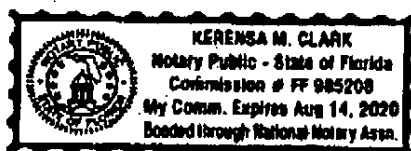
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

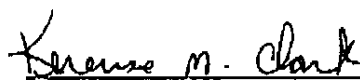
Executed by the undersigned at LaBelle, Florida, on January 19, 2017.

  
SAUL RODRIGUEZ

STATE OF FLORIDA  
COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this 19<sup>th</sup> day of January, 2017, by SAUL RODRIGUEZ, who is ☐ personally known to me or ☒ who has produced FL DL as identification.



  
NOTARY PUBLIC  
Name: Kerensa M. Clark

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SUNRISE APARTMENTS OF FLORIDA, LLC
2. The name and address of the registered agent and office is:

Saul Rodriguez

(Name)

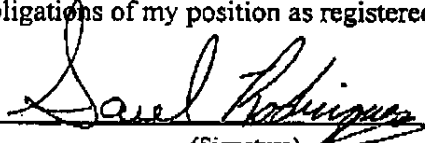
511 Dilsa Lane

(P.O. Box not acceptable)

Immokalee, FL 34142

(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

  
(Signature)

1/19/17  
(Date)

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