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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 : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
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**FLORIDA LIMITED LIABILITY CO.
SUNSHINE VIEWS 246, LLC**

Certificate of Status	0
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION

FOR

SUNSHINE VIEWS 246, LLC

ARTICLE 1 - NAME

The name of this Limited Liability Company ("Company") shall be:

SUNSHINE VIEWS 246, LLC

ARTICLE 2 - ADDRESS

The mailing address and street address of the principal office of the Company is:
6623 Miami Lakes Drive East, Unit 381, Miami Lakes, Florida 33014.

ARTICLE 3 - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE 4 - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such managers is:

Sergio Calleja
6625 Miami Lakes Drive East, Unit 381
Miami Lakes, Florida 33014

ARTICLE 5 - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

ARTICLE 6 - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.


Sergio Calleja, Manager

Signature of a member or an authorized representative of a member
(In accordance with section 605, Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

ABA 180435053v1

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: SUNSHINE VIEWS 246, LLC
2. The name and the Florida street address of the registered agent are:

SERGIO CALLEJA

Name

6625 Miami Lakes Drive East, Unit 381

Florida street address

Miami Lakes, Florida 33014

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.


SERGIO CALLEJA
SIGNATURE