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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

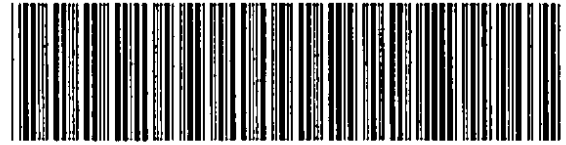
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 APR 13 PM 12:45  
TALLAHASSEE, FL



D O'KEEFE

APR 18 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SUNsational Investment Properties, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edwin Browne

Name of Person

SUNsational Investment Properties, LLC

Firm/Company

4705 SW 62nd Avenue #103

Address

Davie, FL 33314

City/State and Zip Code

SUNsational77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin Browne

Name of Person

at 954

Area Code

993-6596

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunsational Investment Properties, LLC

(Must contain 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:

4705 SW 62<sup>nd</sup> ave #103  
Davie, FL 33314

Mailing Address:

4705 SW 62<sup>nd</sup> ave #103  
Davie FL 33314

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:

Edwin Browne  
Name  
4705 SW 62<sup>nd</sup> avenue #103  
Florida street address (P.O. Box **NOT** acceptable)  
Davie, FL 33314  
City State 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.

Edwin Browne  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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18 APR 13 PM 12:45  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Member

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Edwin Browne  
4705 SW 62nd Avenue #103  
Dania, FL 33314

Clarice Horton  
4705 SW 62nd Avenue #103  
3510 NW 110th Lane Unit A  
Coral Springs, FL 33065

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

Clarice Horton

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.

Clarice Horton

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
TALLAHASSEE, FL  
APR 13 2011

10 APR 13 PM 12:46

FILED

