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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
13024 Sunset Lake Realty LLC

Table with 2 columns: Item and Amount. Rows include Certificate of Status (0), Certified Copy (0), Page Count (01), and Estimated Charge (\$125.00).

APR 10 11 2019

M. Simmons

APR 10 2019

19 APR 10 PM 6:33

APR 10 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

13024 Sunset Lake Realty 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:

Mailing Address:

2991 Brettungar Dr
Jacksonville FL 32246

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Jacksonville FL 32246

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:

Zaherul Quader

Name

2991 Brettungar Dr

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

| | | |
|---------------------|-----------|--------------|
| <u>Jacksonville</u> | <u>FL</u> | <u>32246</u> |
| 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.

X _____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
19 APR 10 PM 4:34
CLERK OF COUNTY OF FLORIDA

