Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11190001474403)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20178000091 : (718)878-5811 Phone Fax Number : (718)732-4580

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

Email Address:

sales@fileacorp.com

# FLORIDA LIMITED LIABILITY CO. SUNSET APTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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### COVER LETTER

TO:	New Filing Section Division of Corporations
ctto t	SUNSET APTS LLC
SUBJ	Name of Limited Liability Company
The en	nctosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	FILE RIGHT LLC
	Firm/Company
	5314 16TH AVENUE SUITE 139
	Address
	BROOKLYN, NY 11204
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fuct	ther information concerning this matter, please call:
	FAIGY 718 878-5811
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount.
<b>\$</b> 125.	00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

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SUITE 420

BROOKLYN,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name: The name of the Limited Liability Company is: SUNSET APTS LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The malling address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1449 37TH STREET P.O. BOX 300384

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

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

NY 11213

BUSINESS FILING	S INCORPORATE	b
	Name	
1200 SOUTH PINE	ISLAND ROAD	
Florida street addres	s (P.O. Box <b>NOT</b> a	cceptable)
PLANTATION	F4.	33326
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..

Registered Agent's Signature (REQUIRED)

BROOKLYN, NY 11230

(CONTINUED)

FAX REFERENCE H19000147440 3

Title:		Name and Address:
	athorized Member	- India in the second s
MGR" = Ma		
MGR		SHLOMO KATZ
		P.O. Box 300384
		BROOKLY, NY 11230
	<del></del>	
	<del></del>	
EV: Effectiv	ent if necessary) e date, if other than the date of listed, the date must be speci	f filing: (OPTIONAL) ific and cannot be more than five husiness days prior to or 90
EV: Effective ctive date is filling.) the date insertent's effecti	e date, if other than the date of listed, the date must be speci	ific and cannot be more than five husiness days prior to or 90 et the applicable statutory filing requirements, this date will not
EV: Effective date is filling.) the date insensent's effective VI: Other p	e date, if other than the date of listed, the date must be speci ted in this block does not me we date on the Department of	ific and cannot be more than five husiness days prior to or 90 et the applicable statutory tiling requirements, this date will not State's records.
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EV: Effective date is filing.) the date insertent's effective title.	e date, if other than the date of listed, the date must be specited in this block does not me ve date on the Department of rovisions, if any  SIGNATURE:  /s  Signature of a mem This document is executed. I am aware that any false it constitutes a third degree from the date of the d	et the applicable statutory filing requirements, this date will not State's records.  / SHLOMO KATZ  there or an authorized representative of a member. If in accordance with section 605 0203 (1) (b), Florida Statutes of formation submitted in a document to the Department of State.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)