

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718) 878-5811
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
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MAY 06 2019

K. Brumbly

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SUNSET APTS 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:

Name of Person
FILE RIGHT LLC
Firm/Company
5314 16TH AVENUE SUITE 139
Address
BROOKLYN, NY 11204
City/State and Zip Code
sales@fileacorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAIGY at (718) 878-5511
Name of Person Area Code 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

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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 mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:1449 37TH STREETSUITE 420BROOKLYN, NY 11213Mailing Address:P.O. BOX 300384BROOKLYN, NY 11230

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:

BUSINESS FILINGS INCORPORATED

Name

1200 SOUTH PINE ISLAND ROADFlorida street address (P.O. Box **NOT** acceptable)PLANTATIONFL.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.

Brenna Hutter, Asst. Secretary
Registered Agent's Signature (REQUIRED)

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