

L19000212343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

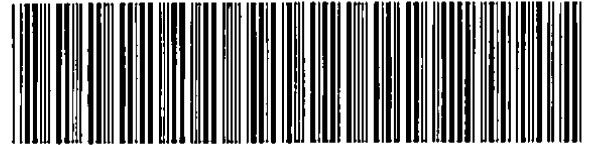
(Business Entity Name)

(Document Number)

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19 AUG 26 PM 3:54

FILED
2019 AUG 26 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2019

Brumpley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FloRise, LLC

Signature

Requested by: Seth

08/26/19

Name

Date

Time

Walk-In

Will Pick Up

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

ARTICLES OF ORGANIZATION
FOR
FloRise, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **FloRise, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is: **1219 52nd Street Mangonia Park, Florida 33407**

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ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **DARREN ARITHOPPAH**
3473 PINE HAVEN CIR, BOCA RATON, FL 33431

ARTICLE IV: MANAGEMENT

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

**FLORIDA SUNRISE FUND, LLC, MANAGER, 2234 N FEDERAL HIGHWAY #2036
BOCA RATON, FL 33431**

The undersigned has executed these Articles of Organization for filing purposes this 26th day August 2019.

/S/ DARREN ARITHOPPAH

Authorized Representative

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **FloRise, LLC**
2. The name and street address of the registered agent and office is:

DARREN ARITHOPPAH
3473 PINE HAVEN CIR, BOCA RATON, FL 33431

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ DARREN ARITHOPPAH

DARREN ARITHOPPAH