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(Requestor's Name)

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(City/State/Zip/Phone #)

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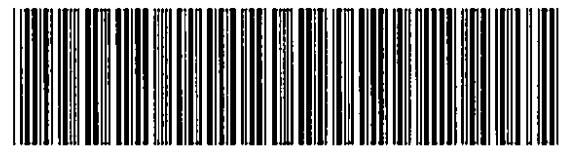
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 18 PM 4:14
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SUN LUXURY GROUP, PLLC
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:

SHERRY ADAMS

Name of Person

SUN LUXURY GROUP, PLLC

Firm/Company

5145 Ocean Blvd.,

Address

Sarasota, FL 34242

City/State and Zip Code

sherry.adams@tristateluxurygroup.us

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

For further information concerning this matter, please call:

Sherry Adams 770 262-4677
Name of Person at () 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF STATE

Articles of Organization

Of

Sun Luxury Group, PLLC

Article I.

The name of the professional limited liability company is Sun Luxury Group, PLLC. Specific purpose is licensed to practice real estate services (buying, selling, rental, etc.)

Article II.

The Mailing address and street address of the principal office of the company is 5145 Ocean Blvd., Sarasota, FL 34242.

Article III.

Registered Agent, Registered Office:

Sherry Adams
5145 Ocean Blvd.
Sarasota, FL 34242

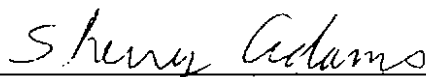
Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper 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.


Sherry Adams, Registered Agent

Article IV.

Management (MGR) of the professional limited liability company name and address is Sherry Adams, 5145 Ocean Blvd., Sarasota, FL 34242.

The undersigned has executed these Articles of Organization this 28th day of May, 2020. 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.


Sherry Adams

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DEPT. OF STATE
TALLAHASSEE, FL

FILED



Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE

THE BROKER HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 475, FLORIDA STATUTES

ADAMS, SHERRY

2840 TELLURIDE LOOP 304
SARASOTA FL 34243

LICENSE NUMBER: BK3446662

EXPIRATION DATE: MARCH 31, 2021

Always verify licenses online at MyFloridaLicense.com

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