

11/3/2020

**620000337741**

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 : SANCHEZ & VADILLO,LLP  
Account Number : I20150000038  
Phone : (305)485-9700  
Fax Number : (305)436-0191

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

Email Address: Corporations@svlawus.com

**FLORIDA LIMITED LIABILITY CO.  
SUNSET MED RE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

J. FASON

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Electronic Filing Menu

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Help

2020 NOV -3 PM 3:33

2020 NOV -3 PM 10:45

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SUNSET MED RE 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:

MANUEL J. VADILLO, ESQ.

Name of Person

SANCHEZ VADILLO LLP

Firm/Company

11402 NW 41 STREET, SUITE 202

Address

DORAL, FL 33178

City/State and Zip Code

MJVADILLO@SVLAWUS.COM

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

For further information concerning this matter, please call:

MANUEL J. VADILLO

305

436-1410

at ( )

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H2000038194e 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUNSET MED RE LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>3020 SW 28 STREET</u>	<u>3020 SW 28 STREET</u>
<u>MIAMI, FL 33133</u>	<u>MIAMI, FL 33133</u>

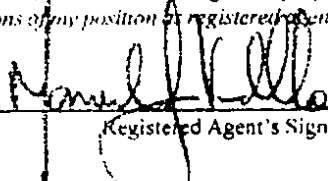
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

MANUEL J. VADILLO, ESQ.  
Name  
11402 NW 41 STREET, SUITE 202  
Florida street address (P.O. Box **NOT** acceptable)  
DORAL FL 33178  
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)  
(CONTINUED)

2020 NOV -3 PM 10:45  
FILED  
STATE

H20000381944 3

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR \_\_\_\_\_

WILLIAM B. POZO  
3020 31st 26 ST  
MIAMI, FL 33133

**ARTICLE V:** (Use attachment if necessary) Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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.

WILLIAM B. POZO

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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