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Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 527215 AUTHORIZATION : COST LIMIT : \$ 125-00 ORDER DATE: November 24, 2020 ORDER TIME : 1:02 PM ORDER NO. : 527215-005 CUSTOMER NO: 8071995 DOMESTIC FILING NAME: SUNSET REALTY PARTNERS, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX\_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson - EXT. (22968

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

## **COVER LETTER**

	ew Filing Sectivision of Cor					
SUBJECT		ty Partners, LLC				
SUBJECT	l·	Name	of Limited Lia	bility Company	<del></del>	
The enclos	sed Articles of	Organization and fe	e(s) are submitt	ed for filing.		
Please retu	ırn all correspo	ndence concerning	this matter to th	e following:		
	Andrew Ka	iplan, Esq.				
			Name	of Person		
	Epstein Beck	er & Green, P.C.				
	Firm/Company					
	150 College Road West, Suite 301					
	Address					
	Princeton, No	ew Jersey 08540				
	ANK aplan@e	bglaw.comAndrew	•	and Zip Code		
	<u>_</u>	<del></del>		e annual report notificat	ion)	
For further i	information cor	ncerning this matter	, please call:	·	•	
	Andrew Kapl	an	609 at (	455-1540		
	Name	of Person	_ \	Daytime Telephon	e Number	
Enclosed i	s a check for th	e following amount	:			
	) Filing Fee	\$130.00 Filing Certificate of Sta	Fee & 🗆\$	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New Fi	g Address ling Section		Street Address New Filing Section D The Centre of Tallah		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:							
Sunset Realty Partners, LLC							
(Must conatin 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:							
<u>Principal</u>	Office Address:		Mailing Address:				
215 Sheffield Drive		P	O. Box 356				
Freehold, New Jersey	07728	<u>N</u>	farlboro, New Jersey 07746				
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:							
Andrew Kaplan							
Name							
1 Beach Drive SE, Suite 303 Florida street address (P.O. Box NOT acceptable)							
	St. Petersburg	FL	33701				
	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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Tom Boyle P.O. Box 356 Marlboro, New Jersey 07746
AMBR	Daniel Sawicki 2107 St. Georges Avenue Rahway, New Jersey 07065
AMBR	Terrence Boyle 11005 NW 54th Court Coral Springs, FL 33076
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be specthe date of filing.)	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90 days after  eet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	t State's records.
This document is execute I am aware that any false i	nber or ab authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Andrew Kaplan	Typed or printed name of signee

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

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)

ARTICLE IV-