

## Florida Department of State

**L210001088553**

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TRANILEX LLC  
Account Number : I20150000086  
Phone : (786) 469-9163  
Fax Number : (305) 848-3716

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**SUNSET YR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNSET YR LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YUNIOR NOGUEIRAS PENA

Name of Person

SUNSET YR LLC

Firm/Company

4131 NE 9TH ST

Address

HOMESTEAD, FL 33033

City/State and Zip Code

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

For further information concerning this matter, please call:

YUNIOR NOGUEIRAS

786

315-3025

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 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 YR LLC

(Must end with 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:Mailing Address:4131 NE 9TH STSAME ADDRESSHOMESTEAD, FL 33033

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

YUNIOR NOGUEIRAS PENA

Name

4131 NE 9TH STFlorida street address (P.O. Box **NOT** acceptable)HOMESTEADFL33033

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.

YNP  
Registered Agent's Signature (REQUIRED)

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FILED  
2021 MAR 24 PM 11:41  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

**Name and Address:**

YUNIOR NOGUEIRAS PENA

267 NW 65th AVE

MIAMI, FL 33126

REYNIER RENGIFO PEREZ

4131 NE 9TH ST

HOMESTEAD, FL 33033

YANET MATOS GAMEZ

15898 SW 65th TER

MIAMI, FL 33193

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/17/2021 (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.

ANY AND ALL LAWFUL BUSINESS

**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.

YUNIOR NOGUEIRAS PENA

Typed or printed name of signee

**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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