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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	less Entity Na	me)
(Document)	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
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2021 JUL 12 PM II: 22 SECRETARY OF STATE

COVER LETTER

TO;	New Filing Sec Division of Co			•	
SUBJEC		Sunset Property, LLC			
SOBJEC		Name	of Limited Lia	bility Company	
The encl	osed Articles of	Organization and fee	e(s) are submit	ted for filing.	
Please re	turn all correspo	ondence concerning t	his matter to th	e following:	
	Susan L. Me	ordenti			
			Name	of Person	
			Firm/	Company	
	2347 Camde	n Terrace			
			Ac	dress	
	The Villages	, FL 32162			
	s.mordenti51(Mamail com	City/State	and Zip Code	
			used for futur	e annual report notificat	ion)
For further	information co	ncerning this matter,	please call:		
	Susan Morde	nti	574 at (601-9617	
	Nam	e of Person	Area Code		ne Number
Enclosed	is a check for th	ne following amount:			
≣\$125.0	00 Filing Fee	185130.00 Filing F Certificate of Statu	is Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio	<u>e Address</u> ling Section on of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assec

Tallahassee, FL 32314

Comment of the Commen

Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
	• • •			
Mordenti Sunset P	roperty, LLC			
(Must co	ontain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street	t address of the principal o	office of the Limite	d Liability Company is:	
Principal Office Address:			Mailing Address:	
23.17 Coop don Torr	race	234	7 Camden Terrace	
2347 Camden Terr	The Villages, FL 32162		The Villages, FL 32162	
The Villages, FL 3	Agent, Registered Office,	& Registered Age		
The Villages, FL 3 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own a active Florida registration	& Registered Agent Registered Agent on.)	ent's Signature:	
The Villages, FL 3 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own a active Florida registration	& Registered Agent Registered Agent on.)	ent's Signature:	
The Villages, FL 3 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own in active Florida registration et address of the registered	& Registered Agent Registered Agent on.)	ent's Signature:	
The Villages, FL 3 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own in active Florida registration et address of the registered	& Registered Agent Registered Agent on.) d agent are: Name	ent's Signature:	
The Villages, FL 3 ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, my cannot serve as its own active Florida registration et address of the registered Susan L. Mordenti	& Registered Agent (Registered Agent on.) I agent are: Name	ent's Signature: You must designate an individual or	
The Villages, FL 3 ARTICLE III - Registered A	Agent, Registered Office, iny cannot serve as its own in active Florida registration et address of the registered Susan L. Mordenti 2347 Camden Terrac	& Registered Agent (Registered Agent on.) I agent are: Name	ent's Signature: You must designate an individual or	

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)

SECRETARY OF STATE

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	
AMBR	Susan L. Mordenti, as Trustee of the Susan L. Mordenti Living Trust dated 12/02/2019 2347 Camden Terrace, The Villages, FL 32162
 _	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
(If an effective date is listed, the date must be sp the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any.	
	Mordenti
Signature of a me	ember 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.

Susan L. Mordenti. Trustee

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)