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.

(((H220000972063)))



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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 : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)876-5911
Fax Number : (718)732-4590

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

Email Address: sales@fileacorp.com

2022 HAR 15 FH 4: 20

# FLORIDA LIMITED LIABILITY CO.

# MARKETING COST CONTROL SUNRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2022-03-15 19:30:03 GMT

17187959036

From: Mark Fuchs

Fax Reference: H22000097206 3

## **COVER LETTER**

	s Filing Section ision of Corporations	
SUBJECT:	MARKETING COST CONTROL SUNRISE LLC	
30031,01.	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:	
	·	
-	Name of Person	
	FILE RIGHT LLC	
-	Firm/Company	
	5314 16TH AVENUE SUITE 139	
-	Address	
	BROOKLYN, NY 11204	
-	City/State and Zip Code	_
88	ales@fileacorp.com	<del></del>
For further in	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:	20:
i	.cah 718 878-5811	2022 HAR 15
_	Name of Person Area Code Daytime Telephone Number	% 15 PH
Enclosed is	a check for the following amount:	PH C
<b>\$</b> 125,00 Fili	ng Fee S130,00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

# <u>MailineAddress</u>

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **StreetAddress**

New Filing Section
Division of Corporations
Cliflon Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Mark Fuchs

Fax Reference: H22000097206 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

### MARKETING COST CONTROL SUNRISE LLC

(Must contain 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:
270 MADISON AVENUE	270 MADISON AVENUE
NEW YORK, NY 10016	NEW YORK, NY 10016

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:

BUSINESS FILINGS	SINCORPORATE	D
	Name	
1200 SOUTH PINE	ISLAND ROAD	
Florida street address	s (P.O. Box <u>N<b>OT</b></u> ac	cceptable)
PLANTATION	FL	33326
City	State	<i>Z</i> ip

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, Thereby 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..

/ s / Brenna Lutter	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

2022 HAR 15 PM 2: 43

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) From: Mark Fuchs

Fax Reference: H22000097206 3

<u>Title:</u>		Name and Address:
	ithorized Member	
"MGR" = Mar	•	DANGA DAN KARDAH'I STUIK'
MGR	<del></del>	HOWARD MERMELSTEIN 270 MADISON AVENUE
		NEW YORK, NY 10016
	<del></del>	<u></u>
EV: Effective ective date is li	nt if necessary) date, if other than the date of sted, the date must be speci	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 d:
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EV: Effective setive date is li of filing.) the date insert nent's effectiv EVI: Other pr	date, if other than the date of sted, the date must be specied in this block does not meet date on the Department of ovisions, if any.  Signature of a mem This document is executed from aware that any false in	the applicable statutory filing requirements, this date will not be State's records  / HOWARD MERMELSTEIN ber or an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida Statues, information submitted in a document to the Department of State

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