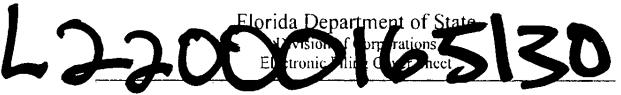
2022-04-19 10:58:44 CST

12122023573

From: Lexus Wingo

4/6/22, 9:52 AM

**Division of Corporations** 



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.

(((H220001250163)))



H220001250163ABCT

**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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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

RECEIVED 22 APR 19 PM 1:58

## FLORIDA LIMITED LIABILITY CO. KEENES POINTE 4, LLC

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

PLEASE HONOR THE ORIGINAL FILING DATE

OF 4/6/22, THANKS!

2021 AFR 19 AH 9: 22

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CERNO MAINERO A LLO	
KEENES POINTE 4, LLC	22.00
(Must contain the words "Limited Liabil	Itty Company, "L.L.C.," or "LLC.")
CLE II - Address:	
• • • • • • • • • • • • • • • • • • • •	afiles I facility d I facility. Community
illing address and street address of the principal office	or the Limited Liability Company is:
	Mailing Address:
Principal Office Address:	
Principal Office Address:	
Principal Office Address: 5938 Blakeford Drive	5938 Blakeford Drive

The name and the Florida street address of the registered agent are:

Page: 4 of 5

CT Corporation		
	Name	
1200 S. Pine Island	R <u>d. #25</u> 0	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Cly	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..

By: Kuity Toon, Asst.Secy

Registered Agent's Signature (NEQUINE)

(CONTINUED)

2021 APR 19 AM 9: 22

			Name and Address:
"AMBR"	= Authorized M	lember	
"MGR" =	Manager		
AATRD	_		SUNSTATE HOME, LLC
AMBK	THER		5938 Blakeford Drive
			Windermere, FL 34787
-			
			- <del></del>
(Use attac	hment if necess	ary)	
			0.20
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Filing Fees:

Typed or printed name of signee

Matthew J. Nixon on behalf of SUNSTATE HOME, LLC

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

