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DATE: 4/21/2022

NAME: SUN FLORIDA REAL PROPERTIES, LLC

TYPE OF FILING: ARTICLES

COST:

130.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ew Filing Section ivision of Corporations		
eub iren		DA REAL PROPERTIES, LLC	
SUBJECT		imited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	orn all correspondence concerning this i	natter to the following:	
		YAMILET ALVAREZ	
		Name of Person	
	SUN FLO	ORIDA REAL PROPERTIES, LLC	2
		Firm/Company	
	6306	BLUE LAGOON DR STE 400	
		Address	
		MIAMI, FL 33126	
		City/State and Zip Code	
-		SUNFLORIDAINSURANCES.C	
For further in	nformation concerning this matter, plea	·	(M)
	YAMILET ALVAREZ at (305) 305-5364	
	Name of Person	Area Code Daytime Telephon	e Number
Enclosed is	s a check for the following amount:		
□\$125.00	Filing Fee S130.00 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	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	assee et, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 3230	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
	SUN FLOR	IDA REAL PROPERT	TES, LLC	
(Must contain	the words "Limited	Liability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal o	office of the Limited Lia	ability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
YAMIL	ET ALVARZ		80TH ST AH, FL 33018	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act The name and the Florida street ad	innot serve as its own ive Florida registration	Registered Agent, You on.)		dividual or
	_	MILET ALVARZ		
	170	Name	·	
	2	860 W 80TH ST		
	Florida street address (P.O. Box NOT acceptable)			
	HIALEAH	FLORIDA	33018	
	City	State	Zip	
laving been named as registered ag place designated in this certificate, l iarther agree to comply with the prov inv familiar with and accept the oblig	hereby accept the app isions of all statutes r pations of my position	ointment as registered of the control of the control of the proper an	igent and agree to act i d complete performand provided for in Chapter	in this capacity. I ce of my duties, and I

(CONTINUED)



ARTICLE IV-

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

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 at the document's effective date on the Department of State's records.	<u>Title:</u>	Name and Address:
(Use attachment if necessary) WRTICLE V: Effective date, if other than the date of filing:		
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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)