

L23000060168

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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.
16767 SUNBURST LLC

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

2023 FEB 10 PM 2:39

23 FEB 10 PM 12:35

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(a) reference H230030542443

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 16767 SUNBURST LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees 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

sales.@filecorp.com

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

For further information concerning this matter, please call:

Rachel	718	578-5811
_____ 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
2501 Executive Center Circle
Tallahassee, FL 32301

23 FEB 17 4:28:35

fax reference H23000054244 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16767 SUNBURST 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:

16767 SUNBURST LAKE ST
WIMAUMA, FL 33598

16767 SUNBURST LAKE ST
WIMAUMA, FL 33598

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:

CHAIM NEIMAN

Name

16767 SUNBURST LAKE ST

Florida street address (P.O. Box NOT acceptable)

WIMAUMA FL 33598

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.

/s/ Chaim Neiman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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fax reference 1123000054244 3

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

Name and Address:

CHAIM NEIMAN

16767 SUNBURST LAKE ST

WINDAUMIA, FL 33598

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (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

REQUIRED SIGNATURE:

/s/ Avi Keller

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.

AVIKELLER

Typed or printed name of signee

23 FEB 10 11:16:07

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)