

L23000158242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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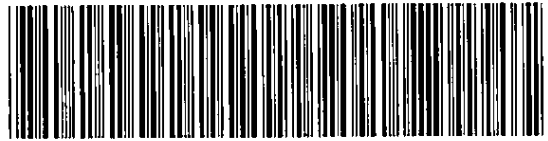
(Business Entity Name)

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APR - 6 2023

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2023 APR - 5 PM 5:36
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SECRETARY OF STATE MASSACHUSETTS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 636976 169703A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : April 4, 2023

ORDER TIME : 1:40 PM

ORDER NO. : 636976-005

CUSTOMER NO: 169703A

DOMESTIC FILING

NAME: SUNLAND - RE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

ARTICLES OF ORGANIZATION
OF
SUNLAND – RE, LLC

(Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act)

The undersigned, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the Florida Revised Limited Liability Company Act, hereby certifies that:

FIRST: The name of the limited liability company (hereinafter called the "Company") is SunLand – RE, LLC.

SECOND: The principal office and mailing address of the Company shall be located c/o Bentley Ventures, 333 Las Olas Way, CU #3, Fort Lauderdale, Florida 33301.

THIRD: The name and Florida street address of the registered agent are:
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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.

CORPORATION SERVICES COMPANY

By: Eyliena Baker
Assistant Vice President
Name: Eyliena Baker
Title: Assistant Vice President

IN WITNESS WHEREOF, I have signed this document on the date set forth below and do hereby affirm, under penalties of perjury, that the statements contained herein have been examined by me and are true and correct.

Dated: April 4, 2023

By: Scott Robinson
Name: Scott Robinson
Title: Organizer