

5/8/23, 3:52 PM

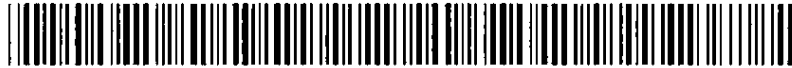
Division of Corporations

L23000226991

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 : ALAN J. MARCUS, ATTORNEY AT LAW
Account Number : I20190000099
Phone : (305)937-1800
Fax Number : (305)937-1857

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

Email Address: esmicalle1@gmail.com

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TALLAHASSEE, FL

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REGISTRARS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO. BISCAYNE SUN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BISCAYNE SUN, LLC
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:

ALAN J. MARCUS
Name of Person
ALAN J. MARCUS, ATTORNEY AT LAW
Firm/Company
20803 BISCAYNE BOULEVARD, SUITE 301
Address
AVENTURA, FL 33180
City/State and Zip Code
esmicalle1@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -8 PM 4:45

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For further information concerning this matter, please call:

ALAN J. MARCUS at (305) 937-1800
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

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BISCAYNE SUN, 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:

19790 W. Dixie Highway
Unit 410
Miami, FL 33180

19790 W. Dixie Highway
Unit 410
Miami, FL 33180

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:

SERBER & ASSOCIATES, P.A.
Name

2875 NE 191 Street, Suite 801
Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FL
2023 MAY -8 PM 4:45
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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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

S & A COMPANY MANAGEMENT LLC
2875 NE 191 Street, Suite 801
Aventura, FL 33180

SECRETARY OF STATE
TALLAHASSEE FL

2023 MAY - 8 PM 4: 45

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(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:



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.

ALAN J. MARCUS

Typed or printed name of signee

Filing Fees:

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