Florida Department of State

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

From:
Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
citi.taxes@yahoo.com
Email Address:

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FLORIDA LIMITED LIABILITY CO.

THE SUN FAV, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$130.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE SUN FAV, 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

ARMANDO VASQUEZ
Name of Person

CITI TAXES LLC
Firm/Company

5721 NW 112TH AVE APT 108
Address

DORAL, FL 33178
City/State and Zip Code

citi.taxes@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Armando Vasquez at (305) 803-4427
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)

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TALLAHASSEE, FL

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE SUN FAV, 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:
5721 NW 112TH AVE UNIT 108	5721 NW 112TH AVE UNIT 108
DORAL, FL 33178	DORAL, FL 33178

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:

FAVIO DIEGO CHIRAZI
Name

5721 NW 112TH AVE UNIT 108
Florida street address (P.O. Box **NOT** acceptable)

Doral	FL	33178
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	FAVIO DIEGO CHIRAZI 5721 NW 112TH AVE UNIT 108 DORAL, FL 33178

(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
ALL AND ANY LAWFUL BUSINESS

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.

FAVIO DIEGO CHIRAZI
Typed or printed name of signee

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)

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