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	(Requesto	or's Name)			
	(Åddress)	-			
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	(City/State	/Zip/Phone	#)		
PICK-UP		WAIT	[MAIL	
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DIRECTOR'S REFICE INISIDE OF CORPORATIONS

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Collins Sunrise, LLC	;	
Please Debit FCA0000	000003 For: 125	
Thank you Seth Neels	ev	
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1,		Officer Search
		Fictitions Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Couriet

COVER LETTER

то:		g Section of Corporations		
SUBJE	CT:	Collins Sunrise, LLC, a I	Florida limited liability comp	any.
		Name of L	imited Liability Company	
The enc	losed Artic	les of Organization and fee(s)	are submitted for filing.	
Please re	eturn all co	rrespondence concerning this r	natter to the following:	
		Charles H. Ratner		
			Name of Person	
		Charles Ratner, P.A.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		605 Lincoln Road, Sui	te 210	
			Address	
	<u></u>		City/State and Zip Code	
		corporations@cratne		
		E-mail address: (to be use	d for future annual report notificati	ion)
For furthe	er informati	on concerning this matter, plea	se call:	(* · · · ·
	Charl	es H. Ratner at () 305 520-9120	3
		Name of Person	Area Code Daytime Telephon	e Number
Enclosed	d is a check	for the following amount:		
□ \$ 125.	.00 Filing F	ee □\$130.00 Filing Fee of Certificate of Status	& □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy : (additional copy is enclosed)
	_	1ailing Address	Street Address	
	<u> </u>	lew Filing Section	New Filing Section Di	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Collins Sunrise, LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of Principal Office Address:	the Limited Liability Company is: Mailing Address:
3737 Collins Avenue	3737 Collins Avenue
Unit 1002	Unit 1002
Miami Beach, FL 33140	Miami Beach, FL 33140
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	ered Agent. You must designate an individual or

Charles Ratner, P.A. Name

605 Lincoln Road, Suite 210

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

Miami Beach, FL 33140

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..

(CONTINUED)

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	Daniel D. Dalatan	
MGR	Donna D. Painter	_
	3737 Collins Avenue, Unit 1002	_
	Miami Beach, Fl. 33140	_
		_
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		_
		_
		_
		-
		_
		_
		_
date of filing.)	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will no	
CTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
	C//40 a	
This document is I am aware that ar constitutes a third	executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
By: Charles H	I. Ratner, Authorized	
Signatory/Atto	orney printed name of signee	
	Filing Foor	•

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)