

L24000183 449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200424213782

02/21/24--01009--018 **125.00

FILED
2024 FEB 21 PM 4:26
SPE. CLERK OF STATE
TALLAHASSEE, FL

NEWS

APR 23 2024



FLORIDA DEPARTMENT OF STATE 2024 MAR 16 PM 2:41
Division of Corporations

March 18, 2024

ARMANDO C. LECUSAY
12101 SW 109TH AVE
MIAMI, FL 33176 US

MIAMI
SUBJECT: KENDALL DEVELOPMENTS, LLC
Ref. Number: W24000043206

We have received your document for KENDALL DEVELOPMENTS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

~~The document number of the name conflict is L24000425169.~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II

Letter Number: 524A00005771

4/3/24

Returning document in response
JF

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Sunshine Kendall ACVF Developments 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 C. Lecusay

Name of Person

Firm/Company

12109 S.W. 109 Avenue

Address

Miami, Florida 33176

City/State and Zip Code

aclecusay@gmail.com

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

For further information concerning this matter, please call:

Armando C. Lecusay

305

773-0199

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2024 FEB 21 PM 4:26
SECRETARY OF STATE
FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine Kendall ACVF Developments 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:

12101 S.W. 109 Ave.

Miami, FL 33176

Mailing Address:

12109 S.W. 109 Ave.

Miami, FL 33176

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:

Viviana Franyie-Lecusay

Name

12109 S.W. 109 Ave.

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

Miami

FL

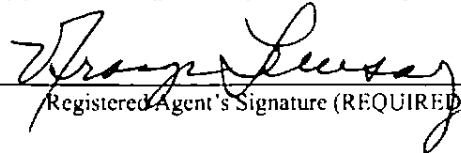
33176

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)

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

Sunshine Managment, I.L.C

12109 S.W. 109 Ave.

Miami, Fl 33176

(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.

Armando C. Lecusav

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)