

L95000000640

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

800001568478
-08/24/95--01056--002
****87.50 ****87.50

800001568478
-08/24/95--01056--003
****250.00 ****250.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. The Manor at Sunrise, L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

67011307671
FILING \$250.00
R. AGENT 35.00
C. COPY 53.50
TOTAL \$337.50
N. BANK _____
BALANCE DUE _____
REFUND _____

BROWN AUG 21 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State

August 21, 1995

CAPITOL SERVICES D/B/A
PARALEGAL & ATTY. SERVICE BUREAU, INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE, FL 32301

SUBJECT: THE MANOR AT SUNRISE, L.C.
Ref. Number: W95000016788

We have received your document for THE MANOR AT SUNRISE, L.C. and check(s) totaling \$250.00. However, your check(s) and document are being returned for the following:

There is a balance due of \$35.00.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

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 (904) 487-6972.

Doris Brown
Document Specialist

Letter Number: 295A00039036

**ARTICLES OF ORGANIZATION OF
THE MANOR AT SUNRISE, L.C.
Under the Limited Liability Company Act
of the State of Florida**

FILED
2013-21-01 3:21
CLERK OF CIRCUIT COURT
FLORIDA

ARTICLE I. - Name:

The Name of the Limited Liability Company is The Manor at Sunrise, L.C.

ARTICLE II. - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3620 N.W. 91st Avenue, Sunrise, Florida.

ARTICLE III. - Duration:

The period of duration for the Limited Liability Company shall be until December 31, 2050.

ARTICLE IV. - Management:

The Limited Liability Company is to be managed by managers and the names and addresses of such managers are:

<u>Name</u>	<u>Address</u>
Stephen Richard	8811 N.W. 78th Street, Apt. 182 Tamarac, Florida 33321
Frank Richard	1645 Bridgewood Drive Boca Raton, Florida 33434

ARTICLE V. - Registered Agent:

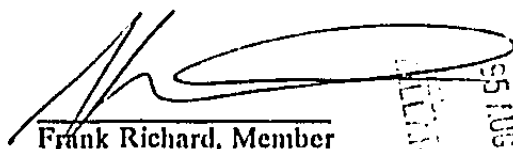
Stephen Richard is designated as the agent of the Limited Liability Company upon whom process against the Limited Liability Company may be served. The post office address to which the agent shall mail a copy of any process against the Limited Liability Company served upon such agent is 8811 N.W. 78th Street, Apartment 182, Tamarac, Florida 33321.

ARTICLE VI. - Admission of Additional Members:

The members may admit additional members only with the consent of a majority in interest of disinterested Members.

ARTICLE VII. - Members Rights to Continue Business:

The remaining members of the limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.


Frank Richard, Member

FILED
JUN 21 PM 3:21
CLERK OF COURT
FLORIDA

The undersigned hereby accepts appointment as registered agent for the Manor at Sunrise, L.C. and states that such agent is familiar with and accepts the obligations of such position.

STEPHEN RICHARD

Name


Signature

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
THE MANOR AT SUNRISE, L.C. deposes and says:


- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ \$700,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.404(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANK RICHARD

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000640 THE MANOR AT SUNRISE, L.C. 3620 NORTH WEST 91ST AVENUE SUNRISE FL		2a. Principal Place of Business Address 3620 NORTH WEST 91ST AVENUE SUNRISE FL			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 08/21/1995	
City & State		City & State		3e. State of Formation FL	
Zip		Zip		4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Date of Last Report	
7. Name and Address of Current Registered Agent RICHARD, STEPHEN 8811 NORTH WEST 78TH STREET APARTMENT 182 TAMARAC FL 33321		8. Name and Address of New Registered Agent Name: <u>Stephen Richard</u> Street Address (P.O. Box Number is Not Acceptable): <u>3620 NW 91 Avenue #1</u> Suite, Apt. #, etc.: <u>Sunrise</u> City: <u>Sunrise</u> State: <u>FL</u> Zip Code: <u>33351</u>			
9. Pursuant to the provisions of Sections 608.418 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE: <u>Stephen Richard</u>				DATE: <u>4/3/96</u>	
(All members must accept appointment) (NOTE: Registered Agent's signature required when resigning)					
10. Title		Managing Members/Managers		Business Street Address	
City, State and Zip Code					
MGR. RICHARD, STEPHEN		8811 NORTH WEST 78TH STREET		TAMARAC FL	
MGR. RICHARD, FRANK		645 BRIDGEWOOD DRIVE		BOCA RATON FL	

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.