

L25000058540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 FEB 12 PM 9:47

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2025 FEB 12 PM 12:43

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COVER LETTER

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

SUBJECT: Emcler Sunset, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES S SERFATY

Name of Person

SERFATY LAW PA

Firm Companies

4770 BISCAYNE BLVD SUITE 1430

Address

MIAMI, FL 33137

City State and Zip Code

CSERFATY@SERFATYLAW.COM

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

For further information concerning this matter, please call

_____, at _____
Name of Person Address Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

\$455.00 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

Sealing Section Division
 100 Centre of Tallahassee
 245 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

2025 FEB 12 Fri 9:47

U.S. DEPARTMENT OF JUSTICE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMELER SUNSET, 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:

4770 BISCAYNE BLVD SUITE 1430
MIAMI, FL 33137

MIAMI

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:

SERFATY LAW PA

Name

4770 BISCAYNE BLVD SUITE 1430

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

MIAMI

FL

33137

City

St

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 office 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.

[Signature]
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

LOLA KAHAN
4770 BISCAYNE BLVD SUITE 1430
MIAMI, FL 33137

MGR

RAPHAEL ARTHUR KAHAN
4770 BISCAYNE BLVD SUITE 1430
MIAMI, FL 33137

(Use attachment if necessary)

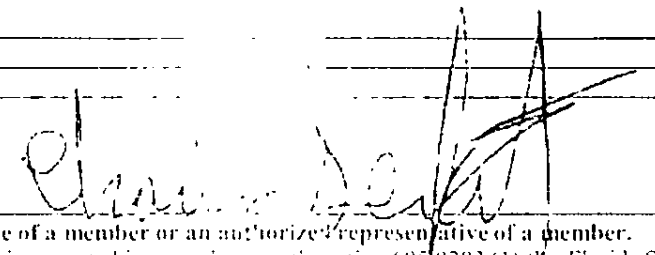
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 reported in a document to the Department of State
constitutes a third degree felony as provided for in s 817.155, F.S.

CHARLES S. STREFAVO - Registered Agent

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and LD, signature of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)