



LO1000012760

ACCOUNT NO. : 072100000032

REFERENCE : 331908 7107477

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 130.00

ORDER DATE : July 31, 2001

ORDER TIME : 11:32 AM

ORDER NO. : 331908-010

CUSTOMER NO: 7107477

300004511523--2

CUSTOMER: Peggy Roberts, Legal Asst
Wilmer Cutler & Pickering

100 Light Street
13th Floor
Baltimore, MD 21202

DOMESTIC FILING

NAME: CAPITAL HOMES OF FLORIDA, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133
EXAMINER'S INITIALS:

RECEIVED
01 AUG - 1 PM 12:11
DIVISION OF CORPORATION

01 AUG - 1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPITAL HOMES OF FLORIDA, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9758^{S.W.} 124th STREET, MIAMI, FLORIDA 33165

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

FELIX LIMA

Sw Name

9758 124TH STREET

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

MIAMI

FL 33165

City, State, and 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 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Felix Lima

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG - 1 PM 2:07

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