

UNLIMITED ACCOUNTING AND TAX SERVICES, INC.

L02 000003745

February 9, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

500004914155--4

-02/13/02--01034--001
***125.00 ***125.00

Dear Sir or Madam:

Please provide me with a stamped receipt on attached copies, and mail the stamped forms and any other documentation to:

Elsa M. Santandreu, Registered Agent.

C/O Unlimited Accounting and Tax Services, Inc.

1950 SW 65 Avenue

Miami, Florida 33155

Sincerely,

Elsa M. Santandreu

Elsa M. Santandreu.
Enrolled Agent

FILED
02 FEB 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L02-3745
al

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. - Name:

The name of the Limited Liability Company is:

HAWKEYE HOMES, LLC.

ARTICLE II. - Address:

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

**4425 SW 153 Avenue
Miramar, Florida 33027**

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

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

Elsa M. Santandreu

Name


1950 SW 65 Avenue

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

Miami, Florida 33155

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


02 FEB 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

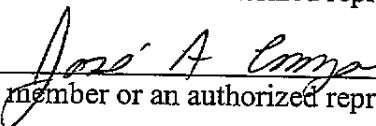
FILED

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)

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

x 
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.)

Ernesto G. Avila
Typed or printed name of signee

Jose A. Corzo
Typed or printed name of signee

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

02 FEB 13 PM 4:10

FILED