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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

CENTRUST HOMES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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03 DEC 15 AM 7:55
DIVISION OF CORPORATION

03 DEC 12 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

12-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENTRUST HOMES, LLC

ARTICLE II - Address:

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

Principal Office Address:

4011 WEST FLAGLER STREET STE 404

MIAMI, FL 33134

Mailing Address:

4011 WEST FLAGLER STREET STE 404

MIAMI, FL 33134

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

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

Rolando Velasco

Name

4011 WEST FLAGLER STREET STE 404

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

MIAMI

FL 33134

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

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM	<u>Rolando Velasco</u> <u>4011 WEST FLAGLER STREET STE 404</u> <u>MIAMI, FL 33134</u>
MGRM	<u>J.A.R. Family Limited Partnership</u> <u>P.O. BOX 165931</u> <u>MIAMI, FL 33116</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**



 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.)

 Rolando Velasco

 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)

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