

W040000009356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

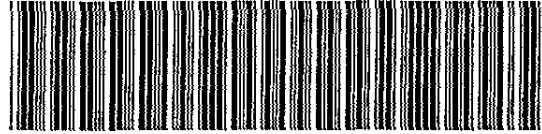
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1/28 FL LC

Office Use Only



700027582447

01/28/04--01039--015 \*\*125.00

**MJH**

FILED

04 JAN 28 PM 3:34

## **TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOMEVISION, L.L.C.

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence on this matter to

DANIEL CONESA  
168 SE 1<sup>ST</sup> STREET, 3<sup>RD</sup> FLOOR  
MIAMI, FL 33131

For further information concerning this matter, please call:

DANIEL CONESA at 305-303-3315

**STREET ADDRESS**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS**

Registration Section  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

HOMEVISION L.L.C.

**ARTICLE II – Address**

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

**Principal Office Address**

168 SE 1<sup>ST</sup> STREET, 3<sup>RD</sup> FLOOR  
MIAMI, FL 33131

**Mailing Address**

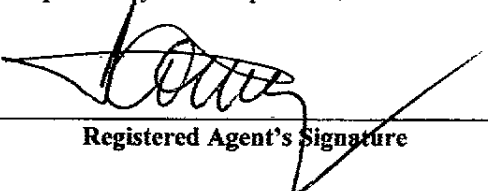
168 SE 1<sup>ST</sup> STREET, 3<sup>RD</sup> FLOOR  
MIAMI, FL 33131

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida Street address of the Registered Agent are:

DANIEL CONESA  
168 SE 1<sup>ST</sup> STREET, 3<sup>RD</sup> FLOOR  
MIAMI, FL 33131

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

**FILED**  
04 JAN 28 PM 3:34  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE IV – Manager or Managing Member:**

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

MGRM	JORDI F. VERITE 168 SE 1 <sup>ST</sup> STREET, 3 <sup>RD</sup> FLOOR MIAMI, FL 33131
------	--

**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)

DANIEL CONESA

\_\_\_\_\_  
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)