

L04000009804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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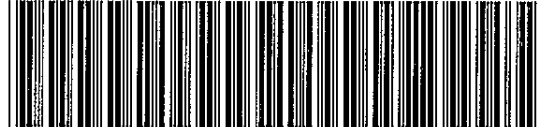
(Business Entity Name)

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2/4/4

Requestor's Name
masch & Company
Address
56609 S. University Dr.
Davie, FL 33328
City State ZIP Phone

(954) 680-2311C

CORPORATION(S) NAME

American Designer Homes, LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

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Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

AMERICAN DESIGNER HOMES, LLC

ARTICLE II – Address:

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

6854 NW BROOKHAVEN AVE
PORT ST LUCIE, FLORIDA 34983

ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature:

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

TETYANA MEYER
6854 NW BROOKHAVEN AVE
PORT ST LUCIE, FLORIDA 34983

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 (Indicate if applicable.)

_____. If checked, the Limited Liability Company is to be managed by one manager or more managers and therefore, a manager – managed company.



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.)

TETYANA MEYER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA