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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

precious homes at gateway llc

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
PRECIOUS HOMES AT GATEWAY LLC**

ARTICLE I

The name of the limited liability company shall be: PRECIOUS HOMES AT GATEWAY
LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

14395 SW 139 COURT
SUITE 101
MIAMI FLORIDA 33186

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

VICTOR F. SEIJAS JR.
14395 SW 139 COURT
SUITE 101
MIAMI FLORIDA 33186

ARTICLE V

The limited liability company is to be member managed.

The undersigned has executed these Articles of Organization on this 2TH day of May, 2004.


VICTOR F. SEIJAS JR., managing
member

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **PRECIOUS HOMES AT GATEWAY LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **VICOTR F. SEUAS JR.**, whose address is 14395 SW 139 Court, Suite 101 Miami Florida 33186, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE

Registered Agent

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