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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phon	e#)		
☐ PICK-UP	☐ WAIT	MAIL		
	—	<u></u>		
(Bu	isiness Entity Na	me)		
(Do	cument Number)		
Certified Conjes	Certificate	e of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: Homekey		Liability Company)	············
	Organization and fee(s) are su	_	
Please return all correspo	ondence concerning this matter	to the following:	
Gregg R.		ame of Person)	
	(IN	ame of rerson)	
Gregg R. Lopez P.A.			
	(F	irm/Company)	
10700 N. Ke	ndall Drive, Suite 400		
		(Address)	-
Miami	, FL 33176		
	(City/	State and Zip Code)	
For further information of	concerning this matter, please of	eall:	
Gregg R. Lopez		at (305) 630-3898	
(Name	of Person)	(Area Code & Daytime To	lephone Number)
Enclosed is a check fo	r the following amount:		
2 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy Fr (additional copy is enclosed)

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 SFEB -4 PM 1:50

Comment of the Commen

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Homekeys Title, LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
10700 N. Kendall Drive
Suite 400
Miami, FL 33176
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Gregg R. Lopez
Name
10700 N. Kendall Drive, Suite 400
Florida street address (P.O. Box NOT acceptable)
Miami, FL 33176 City, State, and Zip
City, State, and Esp
Having heen 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 so ignature Registered Agent so ignature

(CONTINUED)

Page 1 of 2

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

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

	3		
<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	Homexperts, Inc	•	
	10700 N. Kendall Drive, Suite 401		
	Miami, FL 33176		
MGRM	Title and Escrow Corporation of America, I	nc.	
	10700 N. Kendall Drive, Suite 400		
	Miami, FL 33176		
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	· <u></u>	**	•
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(Use attachment if necessary)			
NOTE: An additional action must be	added if an effective data is no second		
NOTE: An additional article must be	added it an effective date is requested.		
REQUIRED SIGNATURE:	Λ		
1 /			
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 constitute	s an affirmation under the penalties of perjury		
that the facts stated herei	n arc true.)	3	2
Gregg R. Lopez		SEC SEC)
Typed	or printed name of signee	≩ ≈	1.1.1 1.1.1
Filing Fees:		∑ Z	쬬
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)